



Patient Name: _____

Date: ____/____/____

COVID-19 RELEASE STATEMENT

Thank you for your continued trust in our office. As with the transmission of any communicable disease like a cold or flu, you may be exposed to COVID-19, also known as the coronavirus, at any time or in any place. Be assured that we are following State and Federal guidelines and recommend universal protection and disinfection protocols to the best of our ability to limit transmission of any disease in our office.

Despite our careful attention to disinfection, sterilization, and use of personal barriers, there is still a chance that you could be exposed to an illness in our office just as you might at any other businesses (hospital, grocery store, retail store, restaurant, etc.). Nationwide social distancing may reduce the transmission of the coronavirus. Although we have taken measures to provide "social distancing" in our practice, due to the nature of the procedures we provide, it is not possible to maintain social distancing between the patient, dental staff, and sometimes other patients or caregivers, at all times.

By signing below, you acknowledge that you accept the risk of, and consent to, treatment.

Name of Parent/Guardian (Please Print Full Name)

____/____/____
Date

Signature of Parent/Guardian

Relationship to Patient (please include phone number of Parent/Guardian in case of emergency)

Witness Signature & Print Full Name

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