

## General Consent to Emergency Dental Treatment During COVID-19

Patient's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Chart # \_\_\_\_\_

Thank you for choosing \_\_\_\_\_ for your emergency dental needs. Our goal is to provide you with high quality dental care. As of March 27, 2020, the Centers for Disease Control and Prevention (CDC) has recommended that facilities postpone elective procedures, surgeries, and non-urgent dental visits. The American Dental Association has issued a similar recommendation. This form is being provided to you because the treatment recommended by us is emergent. If you or a member of your household are experiencing symptoms of COVID-19 (e.g., fever, cough, shortness of breath), **please alert a member of our staff immediately.**

While all dental care has certain inherent risks and complications, patients face additional risks during the COVID-19 pandemic. These include, but are not limited to, increased risk of exposure to COVID-19. While we are taking all reasonable precautions to prevent the spread of COVID-19, it is impossible to eliminate that risk. Dentists and/or staff are exposed to multiple patients, who could be asymptomatic carriers of COVID-19. Complications of COVID-19 may include acute respiratory distress syndrome, irregular heart rate, cardiovascular shock, severe muscle pain, fatigue, heart damage or heart attack. The risk of complications is increased for individuals aged 65 and older, and individuals with compromised immune systems and/or chronic disease.

By signing this form, you acknowledge that in-person treatment for your emergent dental condition presents increased risk of contracting COVID-19. You further acknowledge that for us to perform the treatment, we must be closer than the CDC recommended 6 ft. in proximity.

If you experience any COVID-19 symptoms after receiving dental treatment, **please contact your primary health care provider immediately.**

I give consent for myself/my child to receive emergency dental treatment during the COVID-19 pandemic deemed necessary by the providers at \_\_\_\_\_. Examples of urgent dental care treatments, and shall be treated as minimally invasively as possible, include:

- Severe dental pain from pulpal inflammation.
- Pericoronitis or third-molar pain.
- Surgical postoperative osteitis or dry socket dressing changes.
- Abscess or localized bacterial infection resulting in localized pain and swelling.
- Tooth fracture resulting in pain or causing soft tissue trauma.
- Dental trauma with avulsion/luxation.
- Dental treatment cementation if the temporary restoration is lost, broken or causing gingival irritation.

Other emergency dental care includes extensive caries or defective restorations causing pain; suture removal; denture adjustments on radiation/oncology patients; denture adjustments or repairs when function impeded; replacing temporary filling on endo access openings in patients

