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**COVID-19 (Coronavirus) Pandemic Dental Treatment Consent Form**

I knowingly and willingly consent to have dental treatment completed during the COVID-19 pandemic.

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. Here at Sophisticated Smiles we are taking every precaution to limit the exposure to any virus within our office community and we ask that you participate in helping keep everyone safe.

There are several modes of transmission of COVID-19 which could be present in a dental office. We are following the current ADA and CDC guidelines to minimize the risk of transmission.

• I understand that due to the frequency of visits of other dental patients, the characteristics of the virus, and the characteristics of dental procedures, that I have an elevated risk of contracting the virus simply by being in public health care settings such as a dental office. \_\_\_\_\_\_\_\_\_\_ (Initial)

• I confirm that I am NOT presenting any of the following symptoms of COVID-19 listed below:

• Fever

• Shortness of Breath

• Dry Cough

• Runny Nose

• Sore Throat

• \_\_\_\_\_\_\_\_\_\_ (Initial)

• I verify that I have not traveled outside the United States in the past 14 days.\_\_\_\_\_\_\_\_\_\_ (Initial)

• I verify that I have not traveled domestically within the United States by commercial airline, bus, or train within the past 14 days.\_\_\_\_\_\_\_\_\_\_ (Initial)

•I verify that I have not had any contact or other exposure to a person diagnosed with, or subsequently diagnosed with, OR exhibiting symptoms of COVID-19 in the last 14 days. \_\_\_\_\_\_\_\_\_\_ (Initial)

In our efforts to protect the safety of the practice community as well as the community at large, it is the policy of our office to reschedule a patient’s appointment for elective care if the patient is exhibiting symptoms of COVID-19, recently traveled abroad or to a high risk area, or was subject to a known exposure event.

By placing my signature below, I attest to the truth of the answers above and understanding of **the Sophisticated Smiles** office policy. We thank you and look forward to a return to normal practice.

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Print Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Patient or Legal Guardian

Recorded Temperature at time of Arrival: \_\_\_\_\_\_\_\_\_\_\_\_ Team Member Initials: \_\_\_\_\_\_\_\_\_\_