

FAMILY & COSMETIC DENTISTRY IN ELLICOTT CITY

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COVID-19 Pandemic Dental Treatment Consent Form

I, _____, knowingly and willingly consent to having dental treatment completed during the covid-19 pandemic. I understand that covid-19 is an infectious viral disease and it is transmitted via airborne particles. Dental procedures create water spray (aerosols) that can linger in the air for sometime, and can transmit the covid-19 virus. I understand due to the frequency of visits of other dental patients, the characteristic of the virus, and the nature of dental procedures, I have an elevated risk of contracting the virus simply by being in the dental office. _____ (initial).

I have read and understand the information above.

Signature: _____

Date: _____