**ELLIOTT ORTHODONTICS COVID-19 PANDEMIC - PATIENT DISCLOSURES**

1. I knowingly and willingly consent to dental treatment at Elliott Orthodontics by Dr. Richard Elliott and any designated associates and employees during the reopening phase of COVID-19.
2. I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms yet are still highly contagious. It is impossible to determine who has COVID-19 and who does not with the current limitations and availability in COVID-19 viral testing.
3. Risk of transmission: I understand that due to the frequency of visits of other care dental patients, characteristics of the virus, and the characteristics of dental procedures, that I have an elevated risk of contracting the virus simply by being in a dental office, even though standard precautions are being observed.
4. I am unaware of being a possible carrier or infected: I confirm that I have not tested positive for COVID-19 in the last 30 days and that I am not presenting with any of the following symptoms of COVID-19:

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Do you have a fever of 100.5F or 37C or higher? |  |  |
| Have you experienced shortness of breath or had trouble breathing? |  |  |
| Do you have a dry cough? |  |  |
| Do you have a runny nose? |  |  |
| Have you recently lost or had a reduction in your sense taste or smell? |  |  |
| Do you have a sore throat? |  |  |
| Have you been in contact with someone who has tested positive for COVID-19? |  |  |
| Have you tested positive for COVID-19? |  |  |
| Have you been tested for COVID-19 and are awaiting results? |  |  |
| Have you traveled outside the United States by air or cruise ship in the past 14 days? |  |  |
| Have you traveled within the United States by air, bus or train within the past 14 days? |  |  |

1. Contact with infected: I confirm that I have not knowingly been in close contact (defined as 6 feet or less for a duration of fifteen minutes or more) with someone who has tested positive for COVID-19 in the last 14 days, or with anyone that has had the above stated symptoms in paragraph 4 (#4) in the last 14 days.
2. Public travel: I confirm that I have not traveled outside of the United States in the past 14 days. I confirm that I have not traveled domestically by commercial airline, bus, or train within the last 14 days.

**INFORMED CONSENT**: I have been given the opportunity to ask any questions regarding the risks of contracting COVID-19 from the dental office and dental procedures. I reaffirm that I am not a carrier of COVID-19 nor infected with COVID-19 to the best of my knowledge. I voluntarily assume any and all medical/dental risks, including the substantial and significant risk of serious harm, if any, which may be associated with any phase of my treatment as a result of the COVID-19 pandemic. I acknowledge that the nature and purpose of the dental procedures recommended under the current circumstances and restrictions have been explained to me and that I have been given the opportunity to ask questions.

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Patient’s name (please print) Signature of patient, legal guardian or authorized representative Date

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Witness to signature Date