ELEVATION
ENDODONTICS

COVID-19 INFORMED CONSENT

You have chosen to undergo endodontic (root canal) evaluation and treatment during the re-opening phase of the COVID-19 Pandemic. There are certain inherent and potential risks during any treatment and some risk of COVID-19 being in public or in this building. I understand that due to characteristics of the virus and dental procedures, I may have an elevated risk of contracting the virus simply by being in a dental office even when all ADA recommended Universal Infection Control Precaution are followed. There is also a risk in not being treated such as: increased dental pain, infection and swelling.

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1. **I confirm I have not tested positive for COVID-19 in the last 30 days and I am not presenting with any of the following symptoms: Fever > 100.4° F, shortness of breath, dry cough and/or a diminished sense of taste and/or smell.**
2. **I confirm I have not knowingly been in close contact (defined as 6' or less for 15 minutes or more) with someone who has tested positive for COVID-19 or been with anyone with the above symptoms in the last 14 days.**
3. **Risk of transmission: I understand that due to the characteristics of the virus and dental procedures, I may have an elevated risk of contracting the virus simply by being in a dental office, even when universal infection control procedures are strictly followed.**
4. **I understand the COVID-19 virus has a long incubation period during which carriers do not show symptoms yet are highly contagious. It is impossible to determine who has COVID-19 and who does not given the current limitation and availability of testing.**

Informed Consent:

I understand and have read the above information. I have given a complete medical history. I understand the inherent risks of treatment during the COVID-19 pandemic and will not hold Elevation Endodontics liable if I or my family contract COVID-19 while seeking dental care during the COVID-19 Pandemic.

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Patient or Legal Representative's Signature Date

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Print Patient or Legal Representative's Name/Relationship

I certify I have explained to the patient and/or the patient's legal representative the nature, purpose, benefits, known risks, complications, and alternatives to the proposed procedure during the COVID-19 Pandemic. The patient and/or patient's legal representative has voiced an understanding of the information given. I have answered all questions to the best of my knowledge, and I believe the patient and/or legal representative fully understands what I have explained.

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Witness Date