



Olive Tree Dental

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COVID-19 PANDEMIC DENTAL TREATMENT CONSENT FORM

Even after following protocols set by the American Dental Association, it is still possible to contract Covid-19 while at a dental office. We are following all guidelines to maximize the risk of transmission.

- I knowingly and willingly consent to have dental treatment completed during the Covid-19 pandemic. I understand that Covid-19 virus has a long incubation period during which carriers of the virus may not show symptoms and may still be highly contagious. Initial: _____
- I understand, that due to the frequency of visits of other dental patients, the characteristics of the Covid-19 virus, and the characteristics of dental procedures, that I have an elevated risk of contacting the virus simply by being in a dental office. Initial: _____
- I confirm that I am not presenting any of the Covid-19 symptoms,
 - Fever
 - Shortness of Breath
 - Dry Cough
 - Sore Throat
 - Lack of Appetite
- I confirm that I have not been in contact with a person who has been diagnosed with Covid-19 within the past 14 days. Initial: _____
- I understand that air travel significantly increases my risk of contacting and transmitting the virus. The CDC recommends social distancing of at least 6 feet for a period of 14 days to anyone who has recently travelled, and this distance is not possible with dentistry. 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 and or train within the past 14 days. Initial: _____

Patients Name: _____

Date of Birth: _____

Signature: _____

Date: _____