

COVID-19 DISCLOSURE AND CONSENT TO TREATMENT

The undersigned acknowledges reading and understanding this disclosure and hereby authorizes Eubank Family Dentistry, LLC, its dentists, principals, and any assistant(s) he/she may designate to assist with treatment, to treat me. I understand the risks of contracting COVID-19 and consent to treatment. I further waive any claims that I, my estate, heirs or beneficiaries may now, or in the future, have against the above-named parties should I contract COVID-19.

What is COVID-19?

According to the World Health Organization, Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness. No vaccine or specific treatment for COVID-19 infection is available.

How is COVID-19 spread?

According to the CDC, COVID-19 is thought to spread mainly from person-to-person between people who are in close contact with one another (within about 6 feet). The virus that causes COVID-19 is thought to be stable for several hours to days in aerosols and on surfaces which suggests that people may acquire the virus through the air and after touching contaminated objects.

Consequences of COVID-19.

People contracting COVID-19 experiences symptoms, including but not limited to, fever, fatigue, compromised respiratory functions, diarrhea, disability, and death.

How contagious is COVID-19?

The virus causing COVID-19 is highly contagious. People infected with the virus can spread the virus even before these people show symptoms of the virus. Because of the general nature of dentistry, no actions can be taken which can guarantee that the virus causes COVID-19 will not be transmitted during treatment.

Has staff been tested?

The dentists and staff have not been tested and cannot guarantee that they have not contracted COVID-19.

I CERTIFY THAT I HAVE READ OR HAD READ TO ME THE CONTENTS OF THIS FORM. I UNDERSTAND THE RISKS AND DANGERS OF CONTRACTING COVID-19. I HEREBY CONSENT TO TREATMENT AND WAIVE ANY CLAIMS AGAINST EUBANK FAMILY DENTISTRY SHOULD I CONTRACT COVID-19.

Patient (or guardian) signature

Date