

Consent to Dental Treatment in the Aftermath of the COVID-19 Pandemic

I have been advised by Dr. Ortman or his staff that in the absence of a rapid response onsite testing capability as part of a pretreatment screening, or until an effective vaccine is readily available, that the total avoidance of the Coronavirus cannot be assured in the dental office environment. I have been advised that the following steps are being taken by Dr. Ortman and his staff to minimize and mitigate the potential for viral contamination as part of dental treatment:

1. Upgrading the use of personal protective equipment to minimize cross contamination between staff and patients.
2. Treatment times have been extended to minimize the number of patients in the office environment at any one time. Social distancing is being maintained within the office with the exception of the immediate performance of treatment.
3. All common surfaces are being regularly disinfected with effective anti-viral solutions.
4. Only patients who report being symptom-free and have not had contact with any symptomatic people within the last three weeks are being seen for treatment in the office at this time.

As a patient, I have advised Dr. Ortman or staff of and agreed to the following:

1. I have advised Dr. Ortman and his staff that I am free from any respiratory disease symptoms to include cough, fever, and runny nose.
2. I have not been in contact with anyone who has had symptoms in the last three weeks.
3. I have further stated that I have not traveled outside of Indiana in the last three weeks.
4. I have consented to a forehead temperature. I acknowledge that if I have a high temperature, they may decline to do treatment today.
5. I have agreed to utilize a 1.5% hydrogen peroxide pretreatment rinse to potentially reduce viral load if indeed I have been exposed to the virus and not yet symptomatic.
6. I agree to advise Dr. Ortman's office should I develop symptoms consistent with COVID-19 within three weeks of having been seen for treatment.

Dr. Ortman has assured me that he and his staff are doing everything that they reasonably can to minimize the risk of COVID-19 infection as a consequence of dental treatment. I confirm that I have been truthful in my responses to prior or current exposure and confirm that I will advise them if subsequent symptoms develop. I agree to hold Dr. Ortman and his staff harmless in the event that I present with COVID-19 symptoms at any time subsequent to treatment. They agree to hold me harmless in the event that I unintentionally expose them to the virus by being asymptomatic in spite of prior unrecognized contact.

Signature Date

Witness