

Kim E. Stiegler, D.M.D.  
1151 Hillcrest Rd., Suite A  
Mobile, Al 36695  
251-639-1853  
www.kimdmd.com

**COVID-19 Pandemic  
Dental Treatment Consent Form**

Even after following protocols set by the American Dental Association and our state's dental association, it is still possible to contract COVID-19 while at a dental office. We are following all guidelines to minimize the risk of transmission.

- I knowingly and willingly consent to have dental treatment completed during the COVID-19 pandemic. I understand that the COVID-19 virus has a long incubation period during which carriers of this 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 – I have an elevated risk of contracting the COVID-19 virus simply by being in a dental office. \_\_\_\_\_ (Initial)
- I confirm that I am not presenting any of these COVID-19 symptoms: \_\_\_\_\_ (Initial)
  - Fever
  - Shortness of breath
  - Dry cough
  - Runny nose
  - Sore throat
- I confirm that I have not been in contact with a person who has been diagnosed with COVID19 within the past 10 days. \_\_\_\_\_ (Initial)
- I will notify your office if any of the above circumstances occur prior to future appointments. \_\_\_\_\_(Initial)

Printed name: \_\_\_\_\_  
(Patient)

Date of birth: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Patient or legal guardian)

Today's date: \_\_\_\_\_