

Dental Treatment Consent Form during the COVID-19 Pandemic

Colorado regulations permit resuming elective dental & surgical procedures before vaccine or virus cure is available.

1. I provide consent for orthodontic dental treatment at Darrell L Havener DDS, PC during the COVID-19 pandemic.
2. Risk of transmission: I understand that there may be an increased risk of contracting the virus simply by being in a dental office, due to the frequency of visits of other dental patients, characteristics of the virus, and characteristics of dental procedures, even if infection control guidelines are being observed. Personal Protective Equipment (PPE) is in short supply because of the pandemic. Hospitals and specialized COVID-19 care facilities have received priority in distribution of PPE that provides maximum protection against the spread of the virus. Shortage of full coverage moisture-proof gowns makes it impossible for Dr. Havener and staff to have available a separate, disposable gown to be used when treating each individual patient. Adequate supply of disposable, moisture-proof full-coverage gowns may be limited until July, 2020 or later. Like most offices, the office has been on backorder for gowns and N-95 masks. The AAO and ADA have proposed guidelines that protect patients and the healthcare team during this crisis, while recognizing PPE shortages. Dr. Havener and staff will be following those AAO guidelines for safely providing orthodontic treatments with recommended infection control protections during shortage of PPE supplies.
3. I understand the COVID-19 virus has a long incubation period, during which carriers of the virus may not show symptoms, yet are still highly contagious. It is impossible to determine who has been infected with the virus, and who has not, given the current limitations and availability of COVID-19 viral testing. I understand that dental procedures may create aerosol (water spray), potentially increasing risk of spreading the virus. Coronavirus may linger in the air for hours, risking transmission of the virus. Fortunately, most orthodontic procedures do not produce aerosol.
4. I am unaware of my being (or my child patient's being) infected with COVID-19. I confirm that I (or my child patient) have not tested positive for COVID-19 and I (or my child patient) am not presenting with any of the following symptoms of COVID-19:
 - A. Fever or temperature greater than 100.5 degrees Fahrenheit or 37 degrees Celsius;
 - B. Symptoms including: shortness of breath; cough; runny nose; sore throat; diminished sense of taste and smell.
5. Contact with infected: I confirm that I (or my child patient) have not knowingly been in close contact (defined as 6 feet or less, for a duration of fifteen minutes or more) with someone who has tested positive for COVID-19 in the last 14 days, nor with anyone that has had the above stated symptoms in the last 14 days.
6. Public exposure: I confirm that I (or my child patient) have not traveled outside of the United States in the past 14 days. I confirm that I (or my child patient) have not traveled domestically by commercial airline, bus, or train within the last 14 days.

INFORMED CONSENT: I have been given the opportunity to ask questions regarding the risks of contracting COVID-19 from the dental office and dental procedures. I voluntarily assume any and all reasonable medical/dental risks, including the risk of serious harm, which may be associated with treatment as a result of the COVID-19 pandemic. I acknowledge that the nature and purpose of the dental/orthodontic procedures recommended have been explained to me and I have been given the opportunity to ask questions.

Patient's name (please print)

Signature of patient, legal guardian or authorized representative

Date

Witness to signature

Date

Havener COVID-19 Consent Form 050720.pdf