

DENTAL L VE

PATIENT CONSENT

SUPPLEMENTAL INFORMED CONSENT:

DENTAL TREATMENT IN THE ERA OF COVID-19

Thank you for your continued trust in our practice. As with the transmission of any communicable disease like a cold or the flu, you may be exposed to COVID-19, also known as “coronavirus,” at any time or in any place. Be assured that we continue to follow state and federal regulations as well as recommended universal personal protective equipment (PPE) and disinfection protocols to limit transmission of all diseases in our office.

Despite our careful attention to sterilization, disinfection and the use of personal barriers, there is still a chance that you could be exposed to an illness in our office, just as you might be exposed at your gym, grocery store or favorite restaurant. Nationwide social distancing has reduced transmission of the coronavirus. Although we have taken measures to enable social distancing in our practice, due to the nature of the procedures we provide, it is not possible to maintain social distancing between the patient, dental healthcare team members and sometimes other patients at all times.

Although exposure is unlikely, do you accept the risk and consent treatment?

YES/NO

Patient/Parent Signature

Date

DENTAL L VE

REFERRAL FORM

FROM: DENTAL LOVE

150 FRANCAM DR STE 100

FAYETTEVILLE, NC 28311

910-500-6660

TO: _____

WE ARE REFERRING:

PATIENT: _____

PARENT/GUARDIAN: _____

BIRTHDATE: _____

TELEPHONE: _____

ADDRESS: _____

REASON FOR REFERRAL:

CONSULTATION: _____

TREATMENT (AS REQUESTED): _____

RELEVANT

HISTORY: _____

SIGNED: _____

DATE: _____

