



COVID 19 EMERGENCY DENTAL CONSENT

During the current Covid-19 (Novel Coronavirus) Pandemic The American Dental Association has defined a dental emergency as follows:

Dental Emergencies:

Potentially life threatening and require immediate treatment to stop ongoing tissue bleeding, alleviate severe pain or infection, and include:

- **Uncontrolled bleeding**
- **Cellulitis or a diffuse soft tissue bacterial infection with intra-oral or extra-oral swelling that potentially compromise the patient's airway**
- **Trauma involving facial bones, potentially compromising the patient's airway**

I confirm that I am not exhibiting any of the following symptoms of Covid-19 (Novel Coronavirus) as described by the CDC:

- **Fever**
- **Cough**
- **Shortness of breath**

I confirm that I have not traveled internationally in the past 14 days.

Patient Initials _____

I confirm that I have not been in contact with a person infected with Covid-19.

Patient Initials _____

I have been made aware of the CDC and ADA guidelines for emergency only treatment during the Covid-19 Pandemic.

Patient Initials _____

I confirm that I am seeking dental treatment that meet the ADA and CDC guidelines.

Patient Signature: _____ Date: _____

Treating
Dentist Signature: _____ Date: _____