

COVID-19 DENTAL TREATMENT
NOTICE AND ACKNOWLEDGEMENT OF RISK FORM

Our goal is to provide a safe environment for our patients and staff, and to advance the safety of our local community. This document provides information we ask you to acknowledge and understand regarding the COVID-19 virus.

The COVID-19 virus is a serious and highly contagious disease. The World Health Organization has classified it as a pandemic. You could contract COVID-19 from a variety of sources. Our practice wants to ensure you are aware of the additional risks of contracting COVID-19 associated with dental care.

Due to the frequency and timing of visits by other dental patients, the characteristics of the virus, and the characteristics of dental procedures, there is a potential risk of you contracting the virus simply by being in the dental office.

Dental procedures create water spray which is one way the disease is spread. The ultra-fine nature of the water spray can linger in the air for a long time, allowing for transmission of the COVID-19 virus to those nearby.

You cannot wear a protective mask over your mouth to prevent infection during treatment as your health care providers need access to your mouth to render care. This leaves you vulnerable to COVID-19 transmission while receiving dental treatment.

Steckelberg Dental is utilizing significant information provided by the ADA, the CDC, and the Nebraska Dental Association to minimize risk of COVID-19 transmission in order to practice safely. The safety of patients, dentists and dental team members has been and always will be Dr. Melanie Steckelberg and her staff members' utmost concern.

I confirm that I have read the Notice above and understand and accept that there is a potentially increased risk of contracting the COVID-19 virus in the dental office or with dental treatment. I understand and accept the additional risk of contracting COVID-19 from contact at this office. I also acknowledge that I could contract the COVID-19 virus from outside this office and unrelated to my visit here.

I have read and understand the information stated above:

Patient Signature

Patient Printed Name

Date

(If a Minor) Parent or Guardian Signature