

This is a suggested sample for use in developing an informed consent form and is for reference purposes only. This document does not establish a standard of care. It is intended for use as a tool to reduce malpractice risk and should be edited to fit your practice and to meet the legal requirements of your individual state(s). It is also intended to improve communication with patients so they may better understand the treatment recommended. **NCMIC/PSIC does not tell the practitioner what to document, but instead advises the practitioner to use their clinical judgment in determining the need for informed consent and the content of such a form.**

Dental Treatment Consent Form During *(name of public health emergency/event/and/or issue)*

Patient Name: _____ Date: _____

Treatment & Tooth #: _____

Dental Care Team Members Involved in Care: _____

I understand dentistry is not an exact science and there are no guarantees of results. When undergoing dental treatment during the designated public health event there are certain risks and increased potential for infection, in addition to a potential for unsuccessful results from the procedure. I knowingly and willingly consent to receive dental treatment during the designated public health event. _____ (Initial).

The dental care team members are engaging in appropriate federal, state, and local health agency recommendations regarding sanitation [as available], personal protective equipment [as available], and safety protocols concerning the designated public health event. _____ (Initial)

In order to minimize these risks, my dental provider has discussed with me and is requesting additional information and informed consent. _____ (Initial)

In order to help keep other patients and the healthcare staff safe and healthy, I am confirming that I do not present with any of the symptoms consistent with the public health event, such as fever, shortness of breath, cough, sore throat, etc. _____ (Initial).

I confirm that I have not travelled internationally in the last 14 days or domestically by public means within the last 14 days. _____ (Initial).

I confirm that I have not been diagnosed with the designated public health issue or been in close contact [less than 6ft.] with another person who has been diagnosed or is awaiting results of testing for the public health issue. _____ (Initial).

I understand that the designated public health issue has a long incubation period during which carriers may not show symptoms but still be highly contagious. It is impossible to determine who has it and who does not, given current limitations in testing. _____ (Initial)

Dental procedures present the possibility of spreading potentially infected bodily fluids through water spray. This spray can linger in the air for unknown periods of time, which can cause the unwitting transmission of the designated public health issue regardless of the highest sanitation procedures being followed. _____ (Initial)

I understand that by receiving any dental treatment, due to the frequency of visits of other dental patients, the characteristics of the designated public health issue and the nature of dental treatment that I have an elevated risk of contracting the designated public health issue simply by being in a dental office. _____ (Initial).

***To be signed in addition to standard consent form for treatment performed.

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If I cannot truthfully sign any of the above statements, the dentist has strongly encourage me to contact my primary physician or public health department to determine if I should be seen or tested before coming in for any dental care. _____
(Initial)

This dental provider reserves the right to contact their federal, state, and local health department authorities to report any Patient suspected of having the designated public health issue. _____ (Initial)

Patient:

Date:

Witness:

Date:

***To be signed in addition to standard consent form for treatment performed.