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COVID-19 Pandemic Dental Treatment Consent Form

I, _____, knowingly and willingly consent to have dental treatment completed during the COVID-19 Pandemic. I understand the COVID-19 virus has a long incubation period which carriers of the virus may not show signs or symptoms and can still be highly contagious. It is possible to determine who has it and who does not give the current limits in virus testing. Dental procedures create water spray which is how the disease can spread. The ultra-fine nature of the spray can linger in the air for minutes to sometime hours, which can transmit the COVID-19 virus.

- I understand that due to the frequency of visits of other dental patients, the characteristics of the virus, and the characteristics of dental procedures, that I have an elevated risk of contracting the virus simply by being in the dental office. _____ (Initials)
- I have been made aware of the CDC, ODA and ADA guidelines that under the current pandemic all non-urgent dental care is not recommended. Dental visits should be limited to the treatment of pain, infection, conditions that significantly inhibit normal operation of teeth and mouth, and issues that may cause anything listed above withing the next 3-6 months. _____ (Initials)
- I confirm I am seeking treatment for a condition that meet these criteria. _____ (Initials)
- I confirm that I am not presenting having any of the following symptoms of COVID-19 listed below:
 - Fever
 - Shortness of breath/Trouble breathing
 - Dry Cough
 - Runny Nose
 - Sore Throat
 - _____ (Initials)
- I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus and the CDC recommends social distancing of at least 6 feet for a period of 14 days to anyone who has, and this is not possible with dentistry. _____ (Initials)
- I verify that I have not traveled outside of the United States in the past 14 days to countries that have been affected by COVID-19. _____ (Initials)



OAK PARK DENTAL

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- I verify that I have not traveled domestically within the United States by commercial airline, bus and or train with the past 14 days. _____ (Initials)

Signature of patient or parent/guardian if minor

Date