**SUPPLEMENTAL COVID-19 INFORMED CONSENT**

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 at PDO, we have always followed CDC, state, and federal regulations and recommendations regarding sanitation and safety protocols. We have gone above and beyond the recommended universal personal protection and disinfection protocols to limit transmission of all diseases in our office and will continue to do so.

In order to minimize risk, we at PDO are adjusting to new recommendations for our patients including but not limited to the following:

* Only the patient will be allowed in the office during visit.
* While receiving dental services, patients will be appropriately distanced from any other patients.
* All dental auxiliary staff will be wearing the appropriate personal protective wear (to protect patients and staff) as per CDC guidelines.
* All staff will have daily screening for symptoms or exposure to COVID-19

“Social Distancing” nationwide has reduced the transmission of COVID-19 (coronavirus). Despite our careful attention to sterilization, disinfection, and 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 when receiving treatment in other healthcare facilities. Although we have taken additional measures to provide social distancing and disinfection/sterilization in our practice, due to the nature of the procedures we provide, it is not possible to maintain social distancing between the patient, dentist, and dental staff.

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

Yes \_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_