

MODERN FAMILY DENTISTRY
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COVID-19 Treatment Consent

I understand that I am undergoing a dental procedure. I also understand there is a COVID 19 pandemic in the background. No one truly understands how many persons have been infected and are carriers. I understand that you and your staff are taking all efforts to prevent all patients from contracting the illness. But, even with diligent efforts, that cannot prevent all cases.

Time and treatment in any healthcare facility can put you at risk for all types of infection. As some people are likely infected, but asymptomatic, before they even arrive at the office.

I understand, you, the health care providers, will do your best to prevent my acquiring or developing a COVID or any type of infection. I have been given a description of the options to this procedure, including delaying treatment or not having treatment as all. In view of this, I elect to proceed with my dental treatment.

Patient Name: _____

Relationship to Patient: _____

Signature: _____

Date: _____