



COVID-19 Back-to-Work Informed Consent

Team Member _____

I understand that COVID-19 has a long incubation period and that carriers who do not show signs or symptoms may still be contagious. _____ (initial)

I understand that dental procedures create an aerosol, which is one way that COVID-19 can be spread. _____ (initial)

I understand that, due to the characteristics of dental procedures, there is an inherent risk of potential COVID-19 contraction simply by being present in a dental office. _____ (initial)

_____ (sign/date)

Legal Disclaimer: This form is for sample purposes only. Consult with your attorney and your professional liability carrier to ensure that all of the dental practice's informed consent forms comply with state law. ***(This document should be customized for your office.)***

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