



Public travel:

I confirm that I have not traveled outside of the United States in the past 14 days. I confirm that I have not traveled domestically by commercial airline, bus or train within the last 14 days.

INFORMED CONSENT:

I have been given the opportunity to ask questions regarding the risk or contacting COVID-19 from the dental office and procedures. I reaffirm that I am not a carrier of COVID-19 and not infected with COVID-19 to the best of my knowledge. I voluntarily assume any and all medical/dental risks, including the significant risk of serious harm, if any, which may be associated with any phase of my treatment as a result of the COVID-19 pandemic. I acknowledge that the purpose of dental procedures recommended under the current circumstances and restrictions have been explained to me and that I have been given the opportunity to ask questions.

	Patient or Guardian
Patients Printed Name	Signature

Witness Signature	Date	Temperature on Arrival
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