

VANDERBILT ESTATES DENTAL

COVID-19 RISK INFORMED CONSENT

I also understand that the novel coronavirus, COVID-19, has been declared a world-wide pandemic by the World Health Organization. I further understand that COVID-19 is extremely contagious and is believed to spread by person-to-person contact; and, as a result, federal and state health agencies recommend social distancing.

I recognize that Dr. Plummer-Molina and all the staff at Vanderbilt Estates Dental are closely monitoring this situation and have put in place reasonable preventative measures aimed to reduce the spread of COVID-19. However, given the nature of the virus, I understand there is an inherent risk of becoming infected with COVID-19 and hereby acknowledge and assume the risk of possible infection, complications, and hospitalization. I release Vanderbilt Estates Dental of any legal, or civil responsibilities in case I could later test positive to COVID-19.

I give my express permission for Dr. Plummer-Molina and all the staff at Vanderbilt Estates Dental to proceed with the same.

I have been given the option to defer my treatment/procedure/surgery to a later date. However, I understand all the potential risks, including but not limited to the potential short-term and long-term complications related to COVID-19, and I would like to proceed with my desired treatment/procedure/surgery.

I _____(patient name) UNDERSTAND THE EXPLANATION AND HAVE NO MORE QUESTIONS AND CONSENT TO THE PROCEDURE.

Patient or Person Authorized to Sign

Date