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Patient Advisory and Acknowledgment

Receiving Dental Treatment during the COVID-19 Pandemic

Dear Patient:

You have come to our office today for a routine dental evaluation and/or treatment that will be done during the COVID-19 pandemic. Please be advised of the following:

- While our office complies with the State Health Department and the Centers of Disease Control and Preventions infection control guidelines to prevent the spread of the COVID-19 virus, we cannot make any guarantees. Our staff is symptom- free and, to the best of their knowledge, has not been exposed to the virus. However, since we are a place of public accommodation, other persons (including other patients) could be infected, with or without their knowledge. After you leave the care of our office, if you begin to experience flu-like symptoms within the next 14 days please notify our office immediately at 918-742-6321

COVID-19 CONSENT FOR TREATMENT/PROCEDURE/SURGERY

I _____ (patient name) am opting for a treatment/procedure/surgery that is not urgent or an emergency.

In giving my consent for the treatment/procedure/surgery, I hereby affirm that I understand the following:

- The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization.
- Individuals can unknowingly transmit COVID-19 without displaying any symptoms.
- It is impossible to determine with certainty who is infected with COVID-19 and who is not given the current limits of testing.
- COVID-19 tests may fail to detect the virus and those who have received a negative test result may have the virus or may have contracted the virus after being tested.
- COVID-19 is extremely contagious and is believed to spread by contact with respiratory droplets from infected persons either directly or through contact with surfaces around those infected.
- As a result, Federal and State health agencies have recommended social distancing.
- there is an increased risk of becoming infected with COVID-19 not only by virtue of proceeding with this treatment/procedure/surgery but also by virtue of being present in public places during the pandemic.
- If I have a COVID-19 infection, even if I do not have any symptoms for the same, proceeding with this treatment/procedure/surgery can lead to a higher chance of complications including death.
- Specifically, possible exposure to COVID-19 before/during/after my treatment/procedure/surgery may result in the following: a positive COVID-19 diagnosis, extended quarantine/self-isolation, additional tests, hospitalization that may require medical therapy, intensive care treatment, the possible need for intubation/ventilator support, short-term or long-term intubation, the need for additional medical care and/or hospitalization, other potential complications, and death.
- Because the nature of the virus is not yet completely understood, the increased risk associated with the treatment/procedure/surgery cannot yet be quantified and there may be additional risks, which may not currently be known at this time.

I have had an opportunity to ask questions and all my questions have been answered to my satisfaction. I have been given the option to defer my treatment/procedure/surgery to a later date. However, I hereby acknowledge and assume all the potential risks, including but not limited to the risk of infection with COVID-19 and the potential short-term and long-term complications related to COVID-19, including death, and I give my express permission for Lindsay A. Smith DDS and all the staff at Lindsay A. Smith DDS, PLLC. to proceed with my desired treatment/procedure/surgery.

Patient Name

Patient Signature

Date