

CREATIVE EDGE DENTISTRY
DR KARI E BENDER
1219 East 9th Street
Edmond, Oklahoma 73034
405-341-9351

CONSENT FOR DENTAL TREATMENT
DURING COVID-19 PANDEMIC

I _____ consent to have my dental treatment done during this time when there are still unknowns about the incubation period, symptoms, as well as virus transmission.

I understand that Dr Bender and the staff follow proper infection control to minimize the possibility of transmission of any disease.

Dr Bender does NOT allow any staff members who think they have been exposed or who feel sick (fever, etc.) to be in the office.

I confirm that I _____ am not presenting any of the following symptoms

_____ Fever	_____ Shortness of Breath
_____ Dry Cough	_____ Sore Throat
_____ Runny Nose	

I verify that I have not traveled out of the country or been in contact with someone who has been positive for Covid-19.

Please be sure to notify our office of any signs or symptoms of COVID-19 in the next 14 days.

Ask Dr Bender any questions if you have any concerns. We are here to meet your dental treatment needs.

Patient Name / Signature

Date