

Seattle Endodontics Covid-19 Consent to Treatment

1. I, _____, hereby authorize the doctors of Seattle Endodontics to deliver urgent/emergent dental care with the use of an aerosolizing (producing a fine spray or suspension in the air) procedure. My authorization extends to the provisions enumerated in this document.
2. I understand the doctors are making a good-faith attempt to deliver care consistent with the mandate issued in Proclamation 20-04 by Governor Inslee on March 19, 2020 to deliver “urgent and emergent” care only.
3. I have been informed of the possible alternative methods of treatment including no treatment, tooth extraction, or delaying treatment until the provisions relating to Covid-19 and the administration of dental treatment are lifted or my symptoms become more emergent. Risks involved in these choices might include: pain, infection, swelling, loss of teeth, and spread of infection to other areas.
4. I agree to make a good faith effort to get Covid-19 testing prior to or immediately following the aerosolizing procedure to aid in the reduction of possible community transmission of Covid-19. I understand that the office bears no responsibility in procuring a test for me and no financial responsibility that such a test may incur. My inability to acquire a Covid-19 test will not preclude me from undergoing the recommended treatment if I otherwise clear the office’s screening protocol; this allowance is under the stipulation that there is a significant barrier to accessing a test at this time and that I have made a good faith effort to acquire a test.
5. I agree to notify the doctors and staff should I have symptoms consistent with Covid-19 and/or a positive Covid-19 test within 14 days **prior** to the aerosolizing procedure.
6. I understand the care will be administered using personal protective equipment that is appropriate and customary for aerosolizing dental procedures AND that is reasonably available under the present circumstances of a strained supply chain.
7. I agree to notify the doctors or staff as soon as possible should I develop symptoms consistent with Covid-19 and/or receive a test for Covid-19, for whatever reason and regardless of test outcome, within 14 days **following** the aerosolizing procedure.
8. This agreement is not intended to replace the consent process specifically concerning the nature of treatment, the inherent risks of the treatment, and the alternatives to this treatment.
9. This consent form serves as a working agreement and the specific terms of receiving care may be subject to change pending new guidance provided to this office by the governing or advisory bodies pertinent to the practice of dentistry.

DATE: _____

SIGNATURE: _____