

COVID-19 PANDEMIC DENTAL TREATMENT CONSENT AND WAIVER FORM
DR. GREGG ELEFTERIN

Our office has taken extensive precautions for your safety to prevent transmission of the COVID-19 virus.

Dental procedures create water spray (aerosols), which is one way the disease can be spread. The ultra-fine nature of the spray can linger in the air which can transmit the COVID-19 virus.

I confirm that I am not presenting any of the following symptoms, (not limited to), of the COVID-19 virus listed below:

- **Fever**
- **Shortness of breath**
- **Dry cough**
- **Runny nose**
- **Sore throat**

I consent to having dental treatment completed during the COVID-19 pandemic and accept all risks associated with it.

I hold harmless GN Elefterin DDS, INC. and staff from all liabilities, claims, actions and damages, whether an infection occurs before, during or after the services provided to me in this office.

Signature_____ Date_____