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INFORMED CONSENT

Dental Treatment in the Era of COVID-19

Thank you for your continued trust in our practice. As with the transmission of any communicable disease like a cold or the flu, you may be exposed to COVID-19, also known as "Coronavirus," at any time or in any place. Be assured that we have always and will continue to follow local, state and federal regulations and recommended standard precautions and disinfection protocols to limit transmission of all diseases in our office and continue to do so. We have now instituted air borne precautions into our practice due to COVID-19.

Despite our careful attention to sterilization, disinfection, training and use of personal protection equipment, there is still a chance that you could be exposed to an illness in our office. "Social Distancing" nationwide has reduced the transmission of the Coronavirus. Although we have taken extensive measures to provide social distancing in our practice, due to the nature of the procedures we provide, it is not possible to maintain social distancing between the patient, dentist, dental staff and sometimes other patients at all times.

Date: _____

Although exposure is unlikely, do you accept the risk and consent to treatment? * ☐ Yes ☐ No

Name of patient, parent or guardian completing this form: *

Relationship to Patient:

☐ SELF ☐ PARENT ☐ STEP PARENT ☐ GRANDPARENT ☐ GUARDIAN ☐ ESCORT ☐ OTHER

Response Date: _____