

HOPMEADOW DENTAL LLC

714 Hopmeadow Street, Suite 2

Simsbury, CT 06070

AAOIC Supplemental Informed Consent

First Name: _____

Last Name: _____

Middle Initial: _____

DOB: _____

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. Rest assured, we have and always will follow state and federal regulations, as well as recommended universal personal protection and disinfection protocols, to limit transmission of all diseases in our office. Thank you for your continued trust in our practice.

Despite sterilization, disinfection, and use of personal barriers, there is still a chance that you could be exposed to an illness in our office, just as you might be at your gym, grocery store, or favorite restaurant. Nationwide, "Social Distancing" has reduced the transmission of the COVID-19. Although we have taken measures to facilitate social distancing in the office, due to the nature of our work, social distancing between patients and staff at all times is not possible.

Although exposure is unlikely, do you accept the risk and consent to treatment?

Yes

No

Patient/Parent or Guardian Signature:

Date:
