

Informed Consent and Release

COVID-19 Testing

As permitted by State law, our practice may administer to our patients a test that has been approved by the United States Food and Drug Administration for the detection of COVID-19.

This test is being administered solely to protect dental personnel from possible exposure to COVID-19 by asymptomatic patients. By signing below, you acknowledge that testing may not produce accurate results and that you should not, and will not, rely on the results of such testing as evidence that you do or do not have COVID-19 at the time of the testing. You should discuss all results, positive or negative, with your primary care physician if you have questions or concerns about the test results.

By signing below, you acknowledge and agree that our office will communicate all positive results, including your identity, to the appropriate State or local Health Department(s).

If you choose not to be tested, or should your test yield a positive result, our office reserves the right not to treat you at this time and may refer you to another dental practice.

You hereby release and hold harmless our practice and its agents and employees from any claims or demands arising out of, or related to, the administration of COVID-19 testing to you or the results thereof.

Date: _____

Print Name: _____

Sign Name: _____

Witness: _____