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Patient Consent Form

Receiving Dental Treatment During the COVID-19 Pandemic

Dear Patient

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 continue to follow CDC, ADA and state and federal regulations as well as recommended universal personal protective equipment (PPE) and disinfection protocols to limit transmission of all diseases in our office.

Our staff are symptom-free and, to the best of their knowledge, have not been exposed to the virus. Despite our careful attention to sterilization, disinfection and the 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 exposed at your gym, grocery store or favorite restaurant. Nationwide social distancing has reduced the transmission of the coronavirus. Although we have taken measures to enable 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, dental healthcare team members and sometimes other patients at all times.

Patient Consent

I have carefully read and understood the content of this form and give consent to dental treatment.

Patient/Parent’s Name

Patient/Parent’s Signature

Date