

# COVID-19

## TREATMENT CONSENT FORM

<b>Patient Name</b>	Lilla Horvath
I understand the novel coronavirus causes the disease known as COVID-19. I understand the novel coronavirus virus has a long incubation period during which carriers of the virus may not show symptoms and still be contagious. I understand that due to the frequency of visits of other denturist patients, the characteristics of the novel coronavirus, and the characteristics of denture procedures, that I have an elevated risk of contracting the novel coronavirus simply by being in a denturist office.	
<b>I have a fever greater than 38°C / 100°F</b>	Yes
<b>I have a new cough</b>	Yes
<b>I have shortness of breath</b>	Yes
<b>I have flu-like symptoms</b>	Yes
<b>I have tested positive for the novel coronavirus</b>	Yes
<b>I tested positive on this date</b> 12/17/2020	<b>I have since been confirmed negative</b> Yes
<b>I was confirmed negative on this date</b> 12/16/2020	<b>I was confirmed negative by</b> Thermometer
<b>I am currently waiting for the results of a laboratory test for the novel coronavirus.</b>	Yes
<b>I have been outside the country in the past 14 days.</b>	Yes
<b>I have diabetes</b>	Yes
<b>I have respiratory problems</b>	Yes
<b>I have an autoimmune disorder</b>	Yes
<b>I would like to report other conditions</b> Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.	
<input checked="" type="checkbox"/> I understand it is recommended to maintain social distancing of at least 2 metres (6 feet) and it is not possible to maintain this distance and receive denture treatment.	
<input checked="" type="checkbox"/> I verify that I have not been identified as a contact of someone who has tested positive for novel coronavirus or been asked to self-isolate by any governmental health agency.	
<input checked="" type="checkbox"/> I verify the information I have provided on this form is truthful and accurate. I knowingly and willingly consent to denture treatment completed during the COVID-19 pandemic	
<b>Patient Signature</b>	
	