



1025 Northern Blvd, Suite 104  
Roslyn, New York 11576  
(516) 869-0111  
[NYEndodonticAssociates@gmail.com](mailto:NYEndodonticAssociates@gmail.com)  
NYEndodonticAssociates.com

## Covid-19 (Coronavirus) Disclosure

Patient Name: \_\_\_\_\_  
Patient Date of Birth: \_\_\_\_\_

The New York State Dental Society and The American Dental Association have both issued a strong recommendation to postpone any non-emergency dental care until after May 15th, 2020. I hereby affirm that my endodontist at New York Endodontic Associates has offered me the opportunity to reschedule dental treatment to a subsequent date beyond the date mentioned. I also affirm that I have freely elected to proceed with the procedure due to pain/infection that are unmanageable at home with medication

I fully understand that proceeding with the treatment today increases my exposure to the risk of contracting the Covid-19 infection. Acquiring the Covid-19 infection can lead to severe symptoms such as fever, chest pain, shortness of breath, and further respiratory complications. Advanced Covid-19 infection can also lead to:

- Prolonged hospitalization
- Intensive care admission
- Mechanical ventilation
- Possible death

I also affirm that neither I nor any members of my household have experienced or have been exposed to anyone that has experienced the following symptoms within the past 14 days:

- Shortness of breath
- Chest pains
- Fever
- Fatigue and body aches
- Confirmed or suspected Covid-19 infection

I am consenting to this procedure with the full understanding and disclosure of such risks and alternatives. I attest that any and all of my questions were answered to my satisfaction.

Patient/Guardian Signature: \_\_\_\_\_  
Signature of Endodontist: \_\_\_\_\_  
Signature of Witness: \_\_\_\_\_



