

## COVID-19 PANDEMIC DENTAL TREATMENT CONSENT

I knowingly and willingly consent to have dental treatment during the Covid-19 pandemic.

I confirm that I have not traveled outside of the United States in the past 14 days.

I confirm that I have not tested positive for Covid-19 in the past 14 days.

Temperature at Dr McCreary's office \_\_\_\_\_.

Signature \_\_\_\_\_ Date \_\_\_\_\_.