

Dr. Rudow & Dr. Geller
280 Mamaroneck Ave
White Plains, NY 10605
914-949-8266

My dentist has discussed with me the risks, benefits and alternatives of coming to the office to undergo a procedure during the Covid-19 pandemic, in addition to the risks, benefits and alternatives of undergoing this procedure.

- I understand that my dentist's office staff will take appropriate precautions. However, I have been advised and fully understand that when I come to be seen at the office, despite these efforts, there may still be risks to me of becoming infected with Covid-19.
- I have had an opportunity to ask questions and received satisfactory answers to my questions.
- I understand and agree that no guarantees or assurances have been given to me about my risk of infection and I have been fully advised by my dentist that, despite the precautions taken, there may still be a risk of exposure/infection with COVID-19.
- I fully understand the risks, benefits and alternatives explained to me and I have agreed to assume the risks of coming to the office and undergoing a procedure during the Covid-19 pandemic.
- I understand and agree that the procedure may have to be delayed or cancelled due to my illness or that of the staff or dentist, until such time as it is deemed to be reasonable and safe.

Signature _____

Date _____