

PATIENT ACKNOWLEDGEMENT: COVID-19 PANDEMIC DENTAL RISK

Please read patient acknowledgement below, and initial or sign in all areas indicated.

I understand the novel coronavirus causes the disease known COVID-19 and that it is currently a pandemic. I understand that the novel coronavirus has a long incubation period during which carriers of the virus **may not show symptoms and still be contagious**. For this reason, I understand that the federal and provincial authorities have recommended that Ontarians stay home and avoid close contact with other people when at all possible. _____ (initial).

I understand the federal and provincial authorities have asked individuals to maintain social distancing of at least two (2) meters (six (6) feet) and **I recognize it is not possible to maintain this distance while receiving dental treatment**. _____ (initial).

I understand that oral surgery/dental procedures can create water and/or blood spray, which is one way that the novel coronavirus can spread. I understand that the ultra-fine nature of the spray can linger in the air for minutes to sometimes hours, which can transmit the novel coronavirus. _____ (initial).

I understand that due to the visits of other patients, the characteristics of the novel coronavirus, and the characteristics of dental procedures, **that I have an elevated risk of contracting the novel coronavirus simply by being in the dental office**. _____ (initial).

I agree to complete a COVID-19 screening questionnaire as required by the Ministry of Health. _____ (initial).

If I received COVID-19 test results in the past three (3) months, the last results I received were negative. _____ (initial). If applicable, approximate date of test: _____

I confirm that I am not waiting for the results of a test for COVID-19. _____ (initial).

I confirm that this is not currently a period during which PUBLIC HEALTH authorities required I self-isolate for 14 days. _____ (initial).

I verify the information I have provided on this form is truthful and complete. I knowingly and willingly consent to have emergency surgical/dental treatment completed during the COVID-19 pandemic.

NAME OF PATIENT, PARENT OR GUARDIAN

DATE

PATIENT SIGNATURE _____

