

South Simcoe Dental Care

COVID-19 Pandemic Emergency Dental Risk

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

I understand that the novel coronavirus causes the disease known as COVID-19 and that it is currently a pandemic. I understand that the novel coronavirus virus 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 that 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 the 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 confirm that I DO NOT have any TWO OR MORE of the following symptoms of COVID-19: (fever, new or worsening cough, sore throat, runny nose or headache.) _____ (Initial)

If I received COVID-19 test results in the past three (3) months, the last results I received were negative. _____ (Initial) If possible, **provide 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 that the information I have provided on his form is truthful and complete. I knowingly and willingly consent to have emergency/ dental treatment completed during the COVID-19 pandemic.

SIGNATURE OF PATIENT: _____ DATE _____