

COVID-19 Pandemic Essential and Emergency Dental Treatment Consent Form

I, _____, knowingly and willingly consent to have essential or emergency dental treatment completed during the COVID-19 World Pandemic.

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not given the current limits in virus testing.

Initial: _____

Dental procedures create water spray which is how the disease is spread. The ultra-fine nature of the spray can linger in the air for minutes to sometimes hours, which can transmit the COVID-19 virus. Initial: _____

I understand that due to the frequency of visits of other dental patients, the characteristics of the virus, and the characteristics of dental procedures, that I have an elevated risk of contracting the virus simply by being in a dental office.

Initial: _____

I have been made aware of the CDSBC (College of Dental Surgeons of BC), BCDA (British Columbia Dental Association) and GOC (Government of Canada) guidelines that under the current pandemic all non-urgent and elective dental care is not recommended. Initial: _____

Dental visits should be limited to the treatment of pain, infection, conditions that significantly inhibit normal operation of teeth and mouth, and issues that may cause anything listed above within the next 3-6 months. Initial: _____

I confirm I am seeking treatment for a condition that meets these criteria.

Initial: _____

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I confirm that I am not presenting any of the following symptoms of COVID-19 listed below:

- Fever
- Shortness of Breath or Difficulty Breathing
- Cough
- Runny Nose/Sneezing
- Sore Throat
- Initial: _____

I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. And the Government of Canada, CDSBC and BCDA recommends social distancing of at least 6 feet for a period of 14 days to anyone who has, and this is not possible with dentistry. Initial: _____

I verify that I have not traveled outside Canada in the past 14 days to any countries or to countries specially affected by COVID-19. Initial: _____

I verify that I have not traveled domestically within Canada by commercial airline, bus, or train within the past 14 days. Initial: _____

Printed Patient Name

Signature

Date

Name of the Attending Dentist

Signature

Date

Printed Name of the Witness

Signature

Date