

Patient Acknowledgment

COVID-19 Dental Risk

I understand the COVID-19 virus has a long incubation period, which carriers may not show symptoms and still be contagious. I understand that the federal and provincial civil authorities recommend that we stay home and avoid close contact with others at all possible. _____ (initial)

I understand that it is not possible to maintain social distancing of 6 feet while receiving dental treatment. _____ (initial)

I understand that dental procedures can create water and/or blood spray, which is one way virus can spread. I understand the spray can linger in the air, which can transmit the virus. _____ (initial)

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

If I received COVID-19 test results in the past three months , the last results I received was negative. _____ (initial)

Approximate Date of Test: _____

I verify the information I have provided is truthful and complete. I knowingly and willingly consent to have dental treatment completed during the COVID-19 pandemic.

Patient/Parent/Guardian Signature

Date