

COVID-19 Dental Treatment Consent Form

Patient name: _____ Date: _____

Dentist: _____ Clinic: _____

I understand that dental procedures create water spray which is one way that the novel coronavirus can spread. 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 frequency of visits of other dental 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 a dental office. _____(initial)

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

- 1) Fever > 37.5 C _____(initial)
- 2) Cough _____(initial)
- 3) Sore Throat _____(initial)
- 4) Shortness of Breath _____(initial)
- 5) Flu-like symptoms _____(initial)

I confirm that I am not currently positive for the novel coronavirus. _____(initial)

I confirm that I am not waiting for the results of a laboratory test for the novel coronavirus.
_____(initial)

I verify that I have not returned to the Northwest Territories from another province or outside of Canada whether by car, air, bus or train in the past 14 days. _____(initial)

I understand that NWT's Provincial Health Officer has asked individuals to maintain social distancing of at least 2 meters (6 feet) and it is not possible to maintain this distance and receive dental treatment.
_____(initial)

I verify that I have not been identified as a contact of someone who has tested positive for novel coronavirus or been asked to self-isolate by NWT's Provincial Health Officer, the Communicable Disease Control or any other governmental health agency. _____(initial)

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

Date:

Patient Signature

Once this form is complete, please email to our office at reception@gsdental.ca