

Patient Acknowledgment of COVID-19 Pandemic Risk

Please read this form and sign where indicated.

I understand there is currently a health pandemic associated with COVID-19 and the novel coronavirus.

I understand public health authorities have recommended maintaining social distancing of a least 2 metres (6 feet) and it is not possible to maintain this distance while receiving dental treatment.

I understand that oral surgery/dental procedures can create water and/or blood spray, and that there may be an elevated risk of contracting and spreading the novel coronavirus in a dental office.

I confirm that I do not have any of the following symptoms of COVID-19: fever, dry cough, sore throat or painful swallowing, runny nose, sneezing or post-nasal drip, loss of smell, taste or appetite, headache, chills, muscle aches, or fatigue and that this is not currently a period where I am required to self-isolate for 14 days.

I confirm that I have not tested positive for COVID-19 and that I am not currently waiting for the results of a test for COVID-19.

I hereby consent to have dental treatment completed during the COVID-19 pandemic.

Signature of Patient _____ Date _____

Adapted from Dental Association of PEI COVID-19 Pandemic Emergency Dental Risk Acknowledge by Patient.

Office Contact Information:
