

## **Patient Acknowledgement: COVID-19 Pandemic Emergency Dental Risk**

I understand the novel coronavirus causes the disease known as COVID-19 and that it is currently a pandemic. I understand 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, it is recommended to stay home and avoid close contact with other people when at all possible.

I understand the federal and provincial governments have asked individuals to maintain social distancing of a least 2 metres (6 feet) and I recognize it is **not possible to maintain this distance while receiving dental treatment**.

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 AND SPREADING the novel coronavirus simply by being in the dental office**

I have been made aware that RCDSO has, under the current pandemic, currently mandated that **only urgent dental care is allowed** in Ontario. Dental visits must be limited to only the essential treatment to alleviate severe pain that does not respond to pain killers or significant difficulty with function. I confirm that I meet one of more of these criteria.

I confirm that I do **NOT** have any of the following symptoms of COVID-19:  
fever, new or worsening cough, sore throat, runny nose or headache.

I confirm that I have not tested positive for COVID-19.

I confirm that I am not waiting for the results of a test for COVID-19.

I confirm that this is not currently a period where I required to self-isolate for 14 days.

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

SIGNATURE OF PATIENT \_\_\_\_\_ Date \_\_\_\_\_