

## COVID-19 Pandemic Dental Treatment Consent Form (Adapted from the CDSS)

Patient name: \_\_\_\_\_

I understand the novel coronavirus causes the disease known as COVID-19. 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. \_\_\_\_\_ (Initial)

I understand that certain 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. Aerosol Protective Measures are in place to mitigate the risk associated with aerosols. The provision and management of all dental care will be in accordance with the College of Dental Surgeons (CDSS) Interim Pandemic Guidelines. \_\_\_\_\_ (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 may 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 identified by Saskatchewan Health Services:

- Fever > 38°C \_\_\_\_\_ (Initial)
- Cough \_\_\_\_\_ (Initial)
- Sore Throat \_\_\_\_\_ (Initial)
- Shortness of Breath \_\_\_\_\_ (Initial)
- Flu-like symptoms \_\_\_\_\_ (Initial)
- Runny Nose \_\_\_\_\_ (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 understand that any international travel, including travel by car, air, bus or train, significantly increases my risk of contracting and transmitting the novel coronavirus. Saskatchewan Health Authority requires self-isolation for 14 days from the date a person arrived back in Canada. \_\_\_\_\_ (Initial)

I understand that Saskatchewan Health Services has asked individuals to maintain social distancing of at least 2 metres (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 Saskatchewan Health Authority, 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 the above listed dental treatment completed during the COVID-19 pandemic.

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

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_