NOBLETON
FAMILY DENTAL

Address : Unit 12 - 13305 Highway 27
Phone : (905) 859-5170
Email : info@nobletonfamilydental.com
www.nobletonfamilydental.com

# COVID-19 Patient Consent Form

Patient Name: Mark with Initial

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. For this reason, I understand that the federal and provincial authorities have recommended that Ontarians stay home and avoid close contact with other people when at all possible.

I understand the federal and provincial authorities have asked individuals to maintain social distancing of at least two (2) meters [six (6) feet] and I recognize 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 which is one way that the novel coronavirus can spread. I understand that the ultra-fine nature of the spray can linger in the air for minutes to hours, which can transmit the novel coronavirus.

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.

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

- Fever > 38°C
- New cough, dry cough or worsening chronic cough,
- Sore throat or painful swallowing
- Flu-like symptoms, sneezing, runny nose, stuffy, congested, chills
- Headache

I understand the high-risk category factors are being 65 years of age or older, heart disease, lung disease, kidney disease, diabetes or any auto-immune disorder.

If I fall into one or more of the above high-risk categories, my dental office and I have discussed the risks, and I have agreed to proceed with treatment.

Designed by UWWWEB

NOBLETON
FAMILY DENTAL

Address : Unit 12 - 13305 Highway 27
Phone : (905) 859-5170
Email : info@nobletonfamilydental.com
www.nobletonfamilydental.com

| | Mark with Initial |
|---|---|
| I confirm that I am not currently positive for the novel coronavirus. | |
| I confirm that I am not waiting for the results of a laboratory test for COVID-19. | |
| 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 any governmental health agency. | |
| I verify that I have not returned to Ontario from any country outside of Canada whether by car, air, bus, or train in the past 14 days. | |
| I understand that any travel from any country outside of Canada, including travel by car, air, bus, or train, significantly increases my risk of contracting and transmitting the novel coronavirus. Ontario Public Health requires self-isolation for 14 days from the date a person has returned from travel. | |
| 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. | |

Patient Name: Date:

Patient Signature:

SUBMIT

Designed by UWWWEB