ELMVALE DENTAL CARE

Patient Acknowledgement Form
COVID-19 Pandemic Emergency Dental Risk

Please read this form carefully prior to arriving for your appointment and initial/sign areas as indicated.

1. I understand the novel coronavirus causes the disease known as COVID-19 and that it is currently a pandemic. I understand that the novel coronavirus 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 limit close contact with other people when at all possible. _____ (initial)

2. I understand that the federal and provincial authorities have asked individuals to maintain social distancing of at least two (2) meters (6 feet) and I recognize that it is **not possible to maintain this distance while receiving dental treatment.** _____ (initial)

3. I understand that oral surgery and certain 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 may stay suspended in the air for periods of time, which can create risk for opportunistic airborne transmission of COVID-19. _____ (initial)

4. I understand that at Elmvale Dental Care, strict infection control standards have been applied and protocols have been updated (which include, but not limited to: increase use of hand washing and hand sanitizing/increase use of protective gear/increase sanitization of operatories and all office contact surfaces/staggering of appointment to allow for physical distancing, etc.) in order to create the safest environment for me and limit the transmission of the novel coronavirus._____ (initial)

5. I confirm that I do NOT have any TWO or MORE of the following symptoms of COVID-19: (i) fever, (ii) new or worsening cough, (iii) sore throat, (iv) runny nose, or (v) headache. ____ (initial)

6. If I received COVID-19 test results in the past three (3) months, the last results I received were negative ____ (initial). (If applicable, the approximate date of test was: _____)

7. I confirm that I am not waiting for the results of a test for COVID-19. _____ (initial)

8. I confirm that this is not currently a period during which public health authorities required I self-isolate for 14 days. _____ (initial)

I verify that the information I have provided on this form is truthful and complete. I knowingly and willingly consent to having dental treatment during this time.

SIGNATURE OF PATIENT: _____ DATE: _____

(Please submit this either with your digital signature, or take a photo/scan of hand-written entry and email to info@elmvaledentalcare.com. This form will be available in office to complete if you are unable to do so remotely)

Thank you for your patience and loyalty throughout this time.