

COVID-19 Pandemic Essential & Emergency Dental Treatment Consent Form

Canadian Public Health Authorities, BC Dental Association and the College of Dental Surgeons of BC have ordered that to help prevent the spread of the COVID19 Pandemic, dentists may only perform treatments for patients who have a dental essential, urgent or emergency. (Initial):_____

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not given the current limits in virus testing. (Initial):_____

Dental procedures create water spray which is how the disease is spread. The ultra-fine nature of the spray can linger in the air for minutes to sometimes hours, which can transmit the COVID-19 virus. (Initial):_____

I understand that due to the frequency of visits of other dental patients, the characteristics of the virus, and the characteristics of dental procedures, that I have an elevated risk of contracting the virus simply by being in a dental office. (Initial):_____

I confirm that I am **NOT** presenting any of the following symptoms of **COVID-19** listed below:

- **Fever >37.5C**
- **Shortness of Breath or Difficulty Breathing**
- **Cough**
- **Runny Nose/Sneezing**
- **Sore Throat**

Lost of smell and taste• (Initial):_____

I confirm that I am not currently positive for the COVID 19 Virus. (Initial):_____

I confirm that I am not waiting for the result of a laboratory test for the COVID19.(Initial):_____

I verify that I have not returned to British Columbia from any country outside of Canada whether by car, bus or train in the past 14 days. (Initial):_____

COVID-19 Pandemic Essential and Emergency Dental Treatment Consent Form

I verify that I have not returned to British Columbia from any country outside of Canada whether by car, bus or train in the past 14 days. (Initial):_____

I understand that if I am a patient over 60 years old or with existing heart disease, lung disease, diabetes, or any auto-immune disorder, that I have a high risk of contracting Covid-19 Virus. (Initial):_____

I verify that I have not been identified as a contact of someone who has tested positive for **COVID19 Virus** or been asked to self-isolate by PC's Provincial Health Office, the communicable Disease Control or any governmental health agency. (Initial):_____

List of Dental Treatment:

Acknowledgement and Consent:

By signing this consent form I confirm that I have an essential, urgent or emergency dental needs. I hereby consent to the treatment of my dental essential, urgent or emergency despite possible elevated risk associated with treatment during this time of COVID 19 Pandemic. I verify the information provided on this form is truthful and accurate.

Printed Patient Name

Signature

Date

Name of the Attending Dentist

Signature

Date

Printed Name of the Witness

Signature

Date

**Please read your arrival instruction outlined
on the following page**

Please READ and OBSERVE the following when you get to the office.

1. You must wear a **mandatory mask** covering when you arrive in the dental office. Come at your exact appointment time to practice **Physical Distancing**
2. Please **sanitize your hands** with the Sanitizer Provided. No other family members are allowed in the waiting room. Minors can be accompanied by one parent.



3. Make sure that you have signed and submitted your **CONSENT FORM the day before your appointment**. This can be done manually by taking a photo and email back or via electronic signature. **No Consent Form, No Appointment** and you will not be seen.
4. Please observe **Physical Distancing**. Seat as far as you can with the other patient in the waiting area. Maintain your distance with all staff members. If there are more than **2 (TWO)** individuals in the office, please report that you have arrived and wait outside the hallway.
5. **NO Drinks or Coffee is allowed** in the waiting room.

Thank you. Parkview Dental and Implant Centre

What we do to keep you safe!

1. Our office recently acquired a top of the line Surgical Clean Air. This technology not only filters the air but also sterilizes and re-energize it
2. Another technology waiting to arrive is CleanLight Air. A UV light that can sanitize air, eliminate bacteria, viruses, moulds, pollen and other dust particles from air you breathe in our office
3. All our staff are safe and healthy as they will be screened daily for any and all symptoms related to COVID19
4. We have increased infection control
5. All staff will be in full Personal Protective Equipment
6. We will continue to strictly enforce distancing
7. Our Reception area now has an installed Plexiglass sneeze guard
8. All patients visiting the office must sign a mandatory consent form ensuring everybody's health and safety



We are here for you and your family.

Parkview Dental and Implant Centre