



Patient Acknowledgement Form: COVID-19 Pandemic Emergency Dental Risk Return to Practice Checklist

Please read the patient acknowledgement below, and initial or sign in all areas indicated.

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	(Initials)
I understand the federal and provincial governments have asked individuals to maintain social distancing of a least 2 meters (6 feet) and I recognize it is not possible to maintain this distance while receiving dental treatment	(Initials)
I understand that it is possible that oral surgery/dental procedures can create water and/or blood spray, which may be 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.	(Initials)
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.	(Initials)
I confirm that I do NOT have any TWO OR MORE of the following symptoms of COVID-19: fever, new or worsening cough, sore throat, runny nose or headache	(Initials)
I confirm that I have not tested positive for COVID-19.	(Initials)
I confirm that I am not waiting for the results of a test for COVID-19.	(Initials)
I confirm that this is not currently a period where I required to self-isolate for 14 days.	(Initials)
I understand that I will need to phone the office when I arrive for my appointment.	(Initials)



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I understand that I am to attend my appointment alone to ensure the office does not exceed maximum occupancy and that all entering the office are screened.	(Initials)
I understand that I will be required to wear eye protection during my appointment and that I will be asked to do a pre/post treatment mouth rinse.	(Initials)
I understand that for additional cleaning and sanitizing time, appointments are being scheduled at 50-60% of our usual capacity; therefore, appointments need to be confirmed with a credit card and all no shows or cancellations with less than 24 business hours notice will be subject to a cancellation fee of \$100 .	(Initials)
I understand that dental care is being provided under the infection and exposure control guidelines provided by the BC Centre for Disease Control, WorkSafe BC and the College of Dental Surgeons of BC to create a safe environment for patients and health care providers. The clinic COVID-19 Safety Plan is located at the reception desk and outlines what we are doing under the following areas. _____ (Initial)	
1. Public Health Measures 2. Environmental Measures 3. Administrative Measures 4. Personal Measures 5. Personal Protective Equipment I verify the information I have provided on this	(Initials)
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.	(Initials)

Signature of patient: _____ Date: _____

Adapted from Dental Association of PEI COVID-19 Pandemic Emergency Dental Risk Acknowledge by Patient.