



Dear patient:

Infection control has always been a top priority to our practice, and we follow the most current protocols put out by the Alberta Dental Association and College. Due to the current global pandemic COVID-19, the following infection control procedures are made to keep patients and staff safe:

- Patients are to come alone to their appointments unless parent/ guardian is needed to be present.
- Upon arrival we ask you to stay in your vehicle, call us to let us know that you are here, and we will let you know when your operator is ready.
- Our office will communicate with you beforehand to ask some screening questions. You will be asked these questions again when you are in the office.
- COVID-19 consent form needs to be completed for each appointment.
- Your temperature will be taken in the office.
- We have hand sanitizer, facemask, and gloves that we will ask you to use when you enter the office.
- We will provide you with a cup of rinsing agent and ask you to rinse for 30 seconds- 1 minute, and then spit back into the cup and then pour carefully into the sink.
- Our waiting room will no longer offer magazines, children's toys, and coffee station.
- Appointments will be managed to allow social distancing between patients.
- We will do our best to allow greater time between patients to reduce waiting times for you as well as to reduce the number of patients in the reception area at any one time.

We look forward to seeing you again and are happy to answer any questions you may have about the steps we take to keep you, and every patient, safe in our practice.

COVID-19 Pandemic Dental Treatment Consent Form

Patient name: _____

CMOH Order [05-2020](#) legally obligates any person who has the following cough, fever, shortness of breath, runny nose, or sore throat (that is not related to a pre-existing illness or health condition) to be in isolation (quarantine) for 10 days from the start of symptoms, or until symptoms resolve, whichever takes longer. If they are exhibiting any of these symptoms, it is suggested they complete the [COVID-19 Self-Assessment online tool](#) to determine if they should be tested.

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 due to the frequency of visits of other dental patients, the characteristics of the novel coronavirus, and the characteristics of dental procedures, that I 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 Alberta Health Services:

- Fever > 38°C _____ (Initial)
Recorded Temperature: _____
- New cough or worsening chronic cough _____ (Initial)
- Sore throat or painful swallowing _____ (Initial)
- New or worsening shortness of breath _____ (Initial)
- Difficulty Breathing _____ (Initial)
- Flu-like symptoms _____ (Initial)
- Runny Nose _____ (Initial)

I confirm I know that there are categories of people who are considered to be high risk. 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. _____ (Initial)

OR

I fall into the following high risk categories (_____) and my dentist and I have discussed the risks, and I have agreed to proceed with treatment. _____ (Initial)

I confirm that to my knowledge 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 verify that I have not returned to Alberta from any country outside of Canada whether by car, air, bus, boat or train in the past 14 days. _____ (Initial)

I understand that any travel from any country outside of Canada, including travel by car, air, bus, boat or train, significantly increases my risk of contracting and transmitting the novel coronavirus. Alberta Health Services require self-isolation for 14 days from the date a person has returned to Canada. _____ (Initial)

I understand that Alberta Health Services has asked individuals to maintain physical 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 Alberta Health, the Communicable Disease Control or any other governmental health agency. _____ (Initial)

OR

I verify that I am a healthcare worker who has worn appropriate PPE. _____ (Initial)

LIST of DENTAL TREATMENT

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 _____