



COVID-19 Pandemic Emergency and Urgent Dental Treatment Consent Form

Patient name: _____

I understand that the novel coronavirus causes the disease known as COVID-19. 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. _____ (Initial)

I understand that some dental procedures create water spray which is one way that the novel coronavirus may spread. The ultra-fine nature of the spray can linger in the air for minutes to sometimes hours. This may transmit the novel coronavirus. _____ (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, I have an elevated risk of contracting the novel coronavirus simply by being in a dental office. _____ (Initial)

I have been made aware of the Provincial Dental Board of Nova Scotia's Guidelines. I understand that, due to the current pandemic, all non-urgent and non-emergent dental care is not allowed. _____ (Initial)

I confirm I am seeking treatment for an urgent or an emergent condition. _____ (Initial)

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

- Fever > 38°C _____ (Initial)
- Cough _____ (Initial)
- Sore Throat _____ (Initial)
- Shortness of Breath _____ (Initial)
- Difficulty Breathing _____ (Initial)
- Flu-like symptoms _____ (Initial)
- Runny Nose _____ (Initial)
- Headache _____ (Initial)

I confirm that I do not have any of the following medical conditions which would put me in a high risk category: diabetes, cardiovascular disease, hypertension, lung diseases including moderate to severe asthma, being immunocompromised, having active malignancy, or over age 60. _____ (Initial)

OR

I do have some/all of the medical conditions listed above and my dentist and I have discussed the risks, and I agree to proceed with treatment. _____ (Initial)

I confirm that 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 Nova Scotia from anywhere outside of the Province whether by car, air, bus or train in the past 14 days. _____ (Initial)

I understand that any travel from anywhere outside of Nova Scotia requires self-isolation for 14 days from the date a person has returned to Nova Scotia. _____ (Initial)

I understand that Nova Scotia's Chief Medical Officer of Health has asked individuals to maintain physical distancing of at least 2 metres (6 feet) and that 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 the novel coronavirus or been asked to self-isolate by the Province of Nova Scotia or any other governmental health agency. _____ (Initial)

LIST DENTAL TREATMENT(S):

I verify that the information I have provided on this form is truthful and accurate. I knowingly and willingly consent to have the above listed emergency or urgent dental treatment completed during the COVID-19 pandemic.

SIGNATURE OF PATIENT

Printed Name _____ Date _____

SIGNATURE OF DENTIST

Printed Name _____ Date _____
