

Consent to Treatment During Covid-19

I am aware that the current COVID-19 pandemic brings a number of known risks and a number of unknown risks. I have chosen to seek dental treatment during the pandemic in the knowledge that much is still unknown about the virus.

I understand the coronavirus that causes COVID-19 has a long incubation period during which time carriers of the virus may not show symptoms yet still be highly infectious. I also understand that some people may have the virus but may not ever have any symptoms.

I therefore understand it is impossible to determine who has the virus and I understand that I must assume that anyone anywhere could be infected and infectious

Please Initial

I confirm that I am not currently suffering from any of the following symptoms of Covid-19 and I have not suffered from any of these symptoms in the last 7 days:

Fever (a temperature of 37.8 degrees centigrade or above).

A new persistent dry cough

Muscle pains.

Headache.

Shortness of breath and breathing difficulties.

Severe pneumonia.

Loss of taste and/or smell.

Extreme fatigue.

Runny nose.

Sore throat

Please Initial

I confirm that I have not been in close contact (within 2 metres) of anyone suffering with any of these symptoms in the last 14 days

Please Initial

I understand that receiving dental treatment means that the UK government's instruction to maintain social distancing of at least 2 metres is not achievable during treatment

Please Initial

I understand that some people are considered to be at greater risk of serious illness or higher mortality if they contract COVID-19 and I understand that these are individuals who:

Have pre-existing medical conditions such as heart and circulatory disease.

Have high blood pressure.

Have diabetes.

Are very overweight.

Are male.

Are over 60 years of age.

Are from a black, Asian or minority ethnic (BAME) background.

Please Initial

I understand that Dr Fozia Aziz along with all clinicians at Dentist on the Green will take every precaution to make sure my treatment is provided according to strict clinical protocols and hygiene procedures

Please Initial

I consent to the treatment being provided during the current phase of Covid-19.

Name: _____

Date: _____

Signature: _____