



## Patient Acknowledgement Form: COVID-19 Pandemic Dental Risk

Please read the patient acknowledgment below and sign the area indicated:

I understand there is currently a health pandemic associated with COVID-19 and the novel coronavirus.
I understand public health authorities have recommended maintaining physical distancing of at least 2 meters (6 feet) and it is not possible to maintain this distance while receiving dental treatment.
I understand that oral surgery/dental procedures can create water and/or blood spray, and that there may be an elevated risk of contracting and spreading the novel coronavirus in a dental office.
I confirm that I do <b>NOT HAVE</b> any of the following symptoms of COVID-19: fever, dry cough, sore throat or painful swallowing, runny nose, sneezing or post-nasal drip, loss of smell, start or appetite, headache, chills, muscle aches, or fatigue and that this is not currently a period where I am required to self-isolate for 14 days.
I confirm that I have not tested positive for COVID-19 and that I am not currently awaiting the results of a test for COVID-19.
I hereby consent to have dental treatment completed during the COVID-19 pandemic.

Please sign this form and bring it with you to your appointment:

Printed Patient Name: \_\_\_\_\_

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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