



Dr. Gary Bains
COVID-19 Pandemic Dental Treatment Consent

For your safety and the safety of our staff, patients and families alike, please answer the following questions:

	YES	NO
Have you experienced any fever, cough, or difficulty breathing in the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been in close contact with anyone presenting any of the above symptoms or have been confirmed to have COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
Have you travelled outside of Canada in the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been in close contact with anyone who has travelled to a COVID-19 affected area in the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>

Current temperature : _____ (> 37.5 C/Low grade fever)

I understand the federal and provincial governments have asked individuals to maintain social distancing of at least 2 meters (6 feet) and I recognize it is **not possible to maintain this distance while receiving dental treatment.** _____ (initial)

I understand that dental procedures can create water spray, which is one important 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. _____ (initial)

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.** _____ (initial)

I confirm the above information is accurate to my knowledge. I knowingly and willingly consent to have dental treatment completed by Dr. Gary Bains during the COVID-19 pandemic.

Signature of Patient _____ Date _____