



Sydney Periodontics

Periodontics and Dental Implants

COVID-19 PANDEMIC TREATMENT CONSENT FORM

I understand that the novel coronavirus causes the disease known as COVID-19. 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. 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 confirm that I do not have any of the following symptoms of COVID-19:

- Fever > 38°C or feverish chills, sweats, muscles aches, light headedness
 - New or worsening cough
 - Sore Throat (difficulty swallowing)
 - New or worsening shortness of breath
 - New or worsening runny nose
 - New or worsening 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. 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 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)

I verify that I have not returned to Nova Scotia from anywhere outside of the Atlantic Provinces (NB, NFLD, NS, PEI) whether by car, air, bus or train in the past 14 days. I understand that any travel from anywhere outside of the Atlantic Provinces requires self-isolation for 14 days from the date a person returns to Nova Scotia. _____ (Initial)

The Nova Scotia's Chief Medical Officer of Health has asked individuals to maintain physical distancing of at least 2 metres (6 feet). I understand that, it is not possible to maintain this distance and receive dental treatment. _____ (Initial)

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

Name (Patient/Substitute decision maker) Signature Date

Witness: Name Signature Date

1148 Kings Rd
Sydney. NS. B1S 1C9.
Sydneyperio.ca

Phone: 902 539 7200
Fax: 902 539 7761
Email: office@sydneyperio.ca