



Consent to dental 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, therefore I am aware of potential risks visiting the practice.

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 contagious. I also understand that some people may have the virus but may not ever have any symptoms. I understand it is not always possible to determine who has the virus and should assume that anyone could be infected and infectious.

I confirm that I understand by attending my appointment there are certain risks and benefits coming into the practice.

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.

I have been made aware that during the current phase of the pandemic treatment provided may be limited. However, with agreement, as much treatment as possible and agreed to, will be done at my appointment to reduce repeat appointments. If an AGP (aerosol generated procedure) is required, enhanced PPE will be worn which makes communication during treatment difficult.

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: see below

Fever (a temperature of 37.8 degrees centigrade or above).	Shortness of breath and breathing difficulties.	Loss of taste and/or smell. Sorethroat
A new persistent dry cough	Severe pneumonia.	Extreme fatigue.
Headache.	Runny nose.	Muscle pains.

I confirm not me or any member of my household returned from one of the isolation countries (14 days on return).

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.

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.

I understand every precaution will be made to ensure my treatment provided is per strict clinical protocols and hygiene procedures.

Detailed treatment proposed on separate document.

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

Name: _____

Date: _____

Signature: _____