



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.

I understand the coronavirus has a long incubation period. During the incubation period carriers of the virus may not show symptoms yet still be highly infectious, similarly to asymptomatic cases. I therefore understand that I must assume that anyone could be infectious.

I confirm that I am not currently suffering from any of the following symptoms of COVID-19 and have not suffered from any of these symptoms in the last 7 days _____(Please initial).

- Fever (a temperature of 37.8 degrees centigrade or above)
- New persistent dry cough
- Muscle pains
- Headache
- Shortness of breath and breathing difficulties
- Severe pneumonia
- Loss of taste and/or smell
- Extreme fatigue
- Sore throat

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 some people are considered to be at greater risk of serious illness or higher mortality if they contract COVID-19 and 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 that receiving dental treatment means that the UK government's instruction to maintain social distancing of at least 2 meters is not achievable during treatment. I also understand that the clinical staff providing my treatment 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 _____