



Dentists on Bloor

Let us keep you smiling...

COVID-19 Pandemic Dental Risk

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

I understand that due to the visits of other patients, the characteristics of the novel corona virus, and the characteristics of dental procedures, that I have an elevated risk of contracting AND SPREADING the novel corona virus simply by being in the dental office. _____ (initial)

I confirm that I do NOT have any TWO OR MORE or the following symptoms of COVID-19: fever, new or worsening cough, sore throat, runny nose or headache. _____ (initial)

I confirm that I have not tested positive for COVID-19. _____ (initial)

I confirm that I am not waiting for the results of a test for COVID-19. _____ (initial)

I confirm that this is not currently a period where I required to self-isolate for 14 days. _____ (initial)

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

SIGNATURE OF PATIENT _____ Date _____