

COVID-19 Pandemic Emergency Dental Risk Acknowledgement by Patient

I understand the novel coronavirus causes the disease known as COVID-19 and that it is currently a pandemic. I understand the novel coronavirus has a long incubation period during which carriers of the virus ***may not show symptoms and still be contagious***. For this reason, it is recommended to stay at home and avoid close contact with other people when at all possible. _____ (Initial)

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 have been made aware that the Province of PEI has, under the current pandemic, mandated that **only emergent dental care is allowed at this time**. Dental visits must be limited to only the essential treatment of ongoing bleeding, trauma, significant infection not responding to antibiotics and pain killers, or to alleviate severe pain that does not respond to antibiotics and/or pain killers. I confirm that I meet one or more of these criteria. _____ (Initial)

I confirm and accept that emergency treatment provided may not necessarily be representative of the care that would be expected or provided under normal circumstances and will be very limited to only simply emergency care. For example, a tooth would be *removed* rather than a root canal or filling done if I actually want treatment. _____ (Initial)

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

The Province of PEI Public Health *requires* self-isolation for 14 days from the date a person has returned to PEI from anywhere else, including other provinces. I confirm that I have not returned to PEI within the last 14 days. _____ (Initial)

I verify that 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 _____