

Patient Acknowledgement: COVID-19 Pandemic Dental Risk

Name: _____ Date: _____

I consent to receive treatment from Dr. Dana Colson & Associates during the COVID-19 pandemic. I understand the Public Health Ontario and the Royal College of Dental Surgeons of Ontario (“RCDSO”) guidelines have allowed proceeding with any treatment that is non-emergency or not urgent at this time.

Our Practice follows all Public Health Ontario and RCDSO guidelines for infection control of COVID-19 in providing emergency, urgent and elective dental treatments. This is a more rigorous regimen than what we usually maintain. The staff will be wearing additional Personal Protective Equipment (PPE). The office has isolated treatment rooms with plastic tarpaulins, these rooms are left fallow between patients and heavily disinfected as well as having enhanced air filtration. We also triage patients over the phone and when in the office about symptoms, contacts and travel history.

We are employing these measures to minimize the risk of transmission of COVID-19 between patients. Despite this and due to: the unknowns of the COVID-19 virus; the number of other patients that have been in the Practice; the nature of the procedures performed here; there may be a risk of contracting the virus by being in, and by receiving treatment at the Practice.

I acknowledge that I have read and understand this document:

Name and Signature of patient/parent/guardian

Name and Signature of witness