

Covid-19 Pandemic Orthodontic Treatment Consent Form

Patient Name: _____

I understand the novel coronavirus causes a disease known as COVID-19. I understand the novel coronavirus has a long incubation period during which carriers of the virus may not show symptoms and still be contagious.

I understand that some orthodontic procedures create water spray which is one way that the novel coronavirus can spread. The ultra-fine nature of the spray can linger in the air for minutes to sometimes hours, which can transmit the novel coronavirus. _____ (Initial)

I understand that due to the frequency of visits of other dental patients, the characteristics of the novel coronavirus, and the characteristics of dental procedures, that I have an elevated risk of contracting the novel coronavirus simply by being in a dental office. _____ (Initial)

I confirm that I am not presenting any of the following symptoms of COVID-19:

- Fever > 37.5° C _____ (Initial)
- Cough _____ (Initial)
- Sore throat _____ (Initial)
- Shortness of breath _____ (Initial)
- Flu-like symptoms _____ (Initial)

I confirm that I am not currently positive for the novel coronavirus. _____ (Initial)

I confirm that I am not waiting for laboratory results for a test for the novel coronavirus. _____ (Initial)

I verify that I have not returned to British Columbia from any country outside of Canada whether by car, air, bus or train in the past 14 days. _____ (Initial)

I understand the BC's Provincial Health Officer has asked individuals to maintain social distancing of at least 2 meters (6 feet) and it is not possible to maintain this distance and receive dental treatment. _____ (Initial)

I verify that I have not been identified as a contact of someone who has tested positive for the novel coronavirus or been asked to self-isolate by BC's Provincial Health Officer, the Communicable Disease Control or by any other government agency. _____ (Initial)

I verify that the information I have provided on this form is truthful and accurate. I knowingly and willingly consent to have orthodontic treatment performed during the COVID-19 pandemic.

Signature of Patient (Parent or Guardian if under 18)

Printed Name: _____

Date: _____