

## CONSENT TO RECEIVING TREATMENT DURING COVID-19 PANDEMIC

**Important: please read, download and sign. We cannot see you without this completed form.**

I am aware that the current Covid-19 pandemic brings a number of known and unknown risks. I have chosen to have dental treatment during the pandemic in the knowledge that much is still unknown about the virus.

I understand that the virus has a long incubation period during which time carriers of the virus may not show symptoms yet still be highly contagious. I also understand that some people may have the virus but may never show symptoms. I understand it is impossible to determine who has the virus and I must assume that anyone anywhere could be infected and infectious.

I confirm that I am not suffering from any of the following symptoms of Covid-19 and I have not suffered from any of these symptoms in the last 7 days.

- **FEVER (TEMPERATURE OVER 37.8 DEGREES)**
- **A NEW PERSISTANT DRY COUGH**
- **LOSS OF TASTE AND/OR SMELL**
- **EXTREME FATIGUE**
- **SHORTNESS OF BREATH AND BREATHING DIFFICULTIES**

I confirm that I have not been in close contact (within 2 metres) of anyone suffering from any of these symptoms in the last 14 days.

I understand that receiving dental treatment means that the UK governments instruction to maintain social distance of at least 2 metres is not achievable during treatment.

I understand that my dentist has taken every precaution to provide my treatment in as safe a manner as possible.

Name:

Signature:

Date: