

COVID-19 CONSENT FORM

- I understand and am aware that the current COVID-19 pandemic brings a number of known risks and a number of unknown risks. I agree that I have chosen to attend the dental practice and seek dental treatment during the pandemic in knowledge that much is still unknown about the virus and there is an inherent risk in doing so.
- I understand the coronavirus that causes COVID-19 has a long inception period during which time carriers of the virus may not show symptoms yet still may be highly infectious. I also understand that some people may have the virus but may not ever have any symptoms. I therefore understand it is impossible to determine who has the virus and I understand that I must assume that anyone anywhere could be infected and infectious.
- I understand that, if contracted, COVID-19 can cause serious health complications and even death
- I understand that some people are considered to be at greater risk of serious illness or death if they contract COVID-19 and I am aware that this includes people who: have pre-existing medical conditions such as heart and circulatory disease, have high blood pressure, have diabetes, are overweight, are male, are over 60 years of age, are from BAME background.
- I understand that the UK government's social distancing requirements are not achievable during dental examinations and during treatments.
- I understand that I am free to delay treatment and I am under no obligation to have treatment done during the COVID-19 pandemic.
- I understand that delays in treatment, even if unavoidable, can lead to complications including but not limited to: treatment failure, development or progression of gum disease, development or progression of decay, pain and infection. I understand that full charges apply for all treatment, including treatment that has failed and the practice accepts no responsibility for treatment failures or complications as a result of treatment delays regardless of the circumstances.
- I understand that the practice has increased certain prices of treatment since March 2020 and prices given before that date will not be honoured unless specified by my dentist.
- I understand that whilst this dental practice has put measures in place, including strict protocols, high quality PPE and air filtration systems, it is not possible to remove entirely the risk of contracting COVID-19.
- I understand that if I am confirmed or suspected to have COVID-19 and require emergency dental treatment, I should call NHS 111.

I confirm that I am not suspected or confirmed to have COVID-19 & am not required to self isolate

Tick to confirm

- I do not currently have, nor have I experienced in the last 14 days, the following symptoms: fever, new and continuous cough and loss or change in sense of smell and taste.
- I have not come into close contact with anyone suffering with these symptoms, or who has tested positive for COVID-19, in the last 14 days
- I do not live with anyone, or have anyone in my support bubble, who has symptoms or tested positive for COVID-19
- I am not required to self-isolate (it is a legal requirement to self isolate if you test positive or are told to self isolate by NHS Test and Trace or if you have arrived in the UK from a country with a high coronavirus risk).

I understand that the practice has put in certain measures that I must comply with including:

Tick to confirm

- I must wear a face covering outside the treatment rooms (unless exempt)
- I must use hand gel or wash my hands when entering the practice and when entering any treatment room (this means I will have to do it more than once during my visit)
- I must only attend the practice if I have an appointment as no walk-ins are permitted
- I must attend my appointments alone unless I strictly require accompaniment (i.e translator, parent of child, legal guardian). I agree anyone I attend with is not suspected or confirmed to have COVID-19 and is not required to self isolate
- I must attend my appointments at the specified time and failure to do so may lead to my appointment being rescheduled and any deposit paid being lost
- I should, wherever possible, fill forms prior to my appointment or outside the practice
- Failure to adhere to such policies will lead to me being asked to leave the practice

BY SIGNING BELOW I AGREE THAT I UNDERSTAND THIS CONSENT FORM FULLY AND HAVE HAD THE OPPORTUNITY TO ASK AND HAVE QUESTIONS ANSWERED TO MY COMPLETE SATISFACTION. I AGREE TO ALL OF THE ABOVE DECLARATIONS AND CONFIRM THEY ARE ENTIRELY ACCURATE. I ACCEPT ALL RISKS OF ATTENDING THE PRACTICE TODAY. I UNDERSTAND THIS IS A COMPLETELY PRIVATE PRACTICE AND NO NHS TREATMENT IS OFFERED.

Full Name: _____

Date of Birth: ___/___/___/

Signature: _____

Today's date: ___/___/___/