Okotoks Denture Centre
#15 900 village Lane, Okotoks, AB,
T1S 1Z6
Tel: (403)-995-9357

COVID-19 PANDEMIC EMERGENCY DENTURE TREATMENT CONSENT FORM

PATIENT NAME:_____

I understand the novel coronavirus causes the 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 denture procedures create fine dust particles which is one way the novel coronavirus can spread. The ultra fine nature of the dust can linger in the air for minutes to sometimes hours which can transmit the coronavirus. _____ (Initial)

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

I have been made aware of the college of Alberta denturist guidelines that under the current pandemic on non-urgent denture care is not allowed denture visits should be limited to the treatment of urgent and emergency repair and adjustment routine maintenance requirements (e.g..tissue conditioners, clips, locators, O-rings, era replacement, relines and urgent new cases). _____ (Initial)

I confirm I am seeing treatment for a condition that meets these criteria. _____ (Initial)

I confirmed that I am not presenting any of the following symptoms of COVID-19 identified by provincial Health services:

- Fever >38º C _____ (Initial)
- Cough _____ (Initial)
- Sore throat_____ (Initial)
- Shortness of Breath_____ (Initial)
- Flue Like Symptoms _____(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 COVID-19 test._____ (Initial)

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

I understand that any travel from any country outside of Canada including travel by car, bus, train, significantly increases my risk of contracting and transmitting COVID-19.

Alberta Health Services require self isolation for 14 days from the date a person has returned to Canada. _____ (Initial)

Please fill reverse side

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I understand that Provincial Health Services has asked individuals to maintain social distancing of at least 2 metres (2 feet) and it's not possible to maintain this distance and receive denture treatment. _____ (Initial)

I verified that I have not been identified as a contact of someone who has tested positive for COVID-19 or been asked to self isolate by Alberta Health, the communicable disease control or any other Government Health Agency._____ (Initial)

List Denture Treatment

_____

_____

_____

I verify the information I have provided on this form is truthful and accurate. I knowledge Lee and willingly consent to have the above listed emergency dental treatment completed during the COVID-19 pandemic.

SIGNATURE OF PATIENT _____

PRINTED NAME _____ DATE _____