

Consent to dental treatment during COVID-19

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

I understand the coronavirus that causes COVID-19 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 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 _____ Initial

I have been made aware that during the current phase of the pandemic all routine and non-urgent dental care must be postponed _____ Initial

I have been made aware that emergency and urgent dental care is being provided in designated NHS urgent dental care centres and I confirm that I wish to be treated at [Deane Dental Practice](#) _____ Initial.

I confirm I am seeking treatment for **[description of problem]** and **[name of dentist]** has agreed to provide treatment because **[insert reason]** _____ Initial

I confirm that I understand the risks and benefits of the treatment proposed as explained to me by **[name of dentist]** _____ Initial and all my questions have been answered to my satisfaction _____ Initial

I confirm that I am not currently 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 _____ Initial

- Fever (a temperature of 37.8 degrees centigrade or above).
- A new persistent dry cough.
- Muscle pains.
- Headache.

- Shortness of breath and breathing difficulties.
- Severe pneumonia.
- Loss of taste and/or smell.
- Extreme fatigue.
- Runny nose.
- Sore throat

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

I understand that receiving dental treatment means that the UK government's instruction to maintain social distancing of at least 2 metres is not achievable during treatment _____ Initial

I understand that [name of dentist] has taken every precaution to make sure my treatment is provided according to strict clinical protocols issued by NHS England _____ Initial

I consent to the following emergency dental treatment:

[Description of treatment] _____ Initial

I consent to the treatment being provided during the current lockdown phase of Covid-19

Name _____

Date _____

Signature _____