

COVID-19 Pandemic Denture Patient Information and Consent Form

BG Denture & Implant Restorative Centre places our team and patient's safety above all else. We take great pride in meeting and even exceeding the infection prevention and control standards of the Saskatchewan Denturist Society and are now taking extraordinary steps to prevent the spread of the novel coronavirus.

Before your arrival you will be asked to read and consent to this patient information form.

Upon arrival call the office and we will "check you in" over the phone and let you know by phone when our team is ready to seat you – please wait in your car until this time. Please leave all personal items in your car and ask any family or accompanying friends to remain in the car while you are having your dental treatment done.

- You will be greeted by a team member as you enter the office and asked to use hand sanitizer
- All of our staff will be wearing masks and gloves
- Your temperature will be taken with a non-contact infrared thermometer and you will be asked some COVID-19 screening questions to see if there are any changes from the time you received this emailed form.
- Please respect the social distancing markings on the floor where present

_____ I understand the novel coronavirus virus has a long incubation period during which carriers of the virus may not show symptoms but still be contagious.

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

_____ I confirm that I am not presenting any of the following symptoms of COVID-19 identified by the Saskatchewan Chief Medical Health Officer:

- Fever > 38°C
- New or changing cough
- Sore Throat
- Shortness of Breath

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

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

_____ I confirm that I have not travelled outside of Saskatchewan in the past 14 days.

_____ I confirm that I have not been in contact with someone who has tested positive for novel coronavirus or have been asked to self-isolate by Saskatchewan Public Health.

_____ I knowingly and willingly consent to have my dental treatment completed during the COVID-19 pandemic.

The BG Denture & Implant Restorative Team is diligently working to minimize the risk of transmission of the novel coronavirus in any way possible and as such we appreciate your understanding and patience with the measures we have implemented during this time.

I have read and initialed this questionnaire and believe all to be true and consent to my Denture treatment / service.

_____ Print

_____ Sign

_____ Date