

## King, Gaigher and Chastell Dental Practice

### Consent for dental treatment during Covid-19 pandemic

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 and although my dentist, has explained the risks to me, there may be factors that are as yet unknown.

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. It is impossible to determine who has it and I understand that I must assume that anyone anywhere could be infected and infectious.

I understand that the only treatment that is currently permitted is essential dental treatment which is required to stabilize and maintain oral health.

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;

- Fever (a temperature of 37.8 degrees or above)
- Shortness of breath
- Dry cough
- Runny nose
- Sore throat
- Muscle aches and pains
- Extreme fatigue
- Loss of taste or smell

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.

I understand that KGC Dental Practice has taken every precaution to make sure my treatment is provided according to strict protocols issued by NHS England.

I consent to receiving dental treatment.

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

Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_