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PATIENT ACKNOWLEDGMENT FORM

COVID-19 PANDEMIC EMERGENCY DENTAL RISK

PLEASE READ THE PATIENT ACKNOWLEDGEMENT BELOW, AND INITIAL OR SIGN IN ALL AREAS NOTES

I UNDERSTAND THE NOVEL CORONAVIRUS CAUSES THE DISEASE KNOWN AS COVID-19 AND THAT IT IS CURRENTLY A PANDEMIC. I UNDERSTAND THAT THE NOVEL CORONAVIRUS HAS A LONG INCUBATION PERIOD DURING WHICH CARRIERS OF THE VIRUS MAY NOT SHOW SYMPTOMS AND STILL BE CONTAGIOUS. FOR THIS REASON, I UNDERSTAND THAT THE FEDERAL AND PROVINCIAL AUTHORITIES HAVE RECOMMENDED THAT ONTARIANS STAY HOME AND AVOID CLOSE CONTACT WITH OTHER PEOPLE WHEN AT ALL POSSIBLE

I UNDERSTAND THE FEDERAL AND PROVINCIAL AUTHORITIES HAVE ASKED INDIVIDUALS TO MAINTAIN SOCIAL DISTANCING OF AT LEAST TWO (2) METERS (SIX (6) FEET) AND I RECOGNIZE IT IS NOT POSSIBLE TO MAINTAIN THIS DISTANCE WHILE RECEIVING DENTAL TREATMENT

I UNDERSTAND THAT ORAL SURGERY/DENTAL PROCEDURES CAN CREATE WATER AND/OR BLOOD SPRAY, WHICH IS ONE WAY THAT THE NOVEL CORONAVIRUS CAN SPREAD. I UNDERSTAND THAT THE ULTRA-FINE NATURE OF THE SPRAY CAN LINGER IN THE AIR FOR MINUTES TO SOMETIMES HOURS, WHICH CAN TRANSMIT THE NOVEL CORONAVIRUS

I UNDERSTAND THAT DUE TO THE VISITS OF OTHER PATIENTS, THE CHARACTERISTICS OF THE NOVEL CORONAVIRUS, AND THE CHARACTERISTICS OF DENTAL PROCEDURES, THAT I HAVE AN ELEVATED RISK OF CONTRACTING THE NOVEL CORONAVIRUS SIMPLY BY BEING IN THE DENTAL OFFICE

I AGREE TO COMPLETE A COVID-19 SCREENING QUESTIONNAIRE AS REQUIRED BY THE MINISTRY OF HEALTH

IF I RECEIVED COVID-19 TEST RESULTS IN THE PAST THREE (3) MONTHS, THE LAST RESULTS I RECEIVED WERE NEGATIVE

IF APPLICABLE, APPROXIMATE DATE OF TEST

I CONFIRM THAT I AM NOT WAITING FOR THE RESULTS OF A TEST FOR COVID-19

I CONFIRM THAT THIS IS NOT CURRENTLY A PERIOD DURING WHICH PUBLIC HEALTH AUTHORITIES REQUIRED I SELF-ISOLATE FOR 14 DAYS

I VERIFY THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUTHFUL AND COMPLETE. I KNOWINGLY AND WILLINGLY CONSENT TO HAVE EMERGENCY SURGICAL/DENTAL TREATMENT COMPLETED DURING THE COVID-19 PANDEMIC

SIGNATURE

DATE
