

COVID-19 PANDEMIC EMERGENCY DENTAL TREATMENT

PATIENT CONSENT FORM (in addition to standard medical history and consent forms)

Issued in the interest of self-protection of the patients and dental personnel



SADA
THE SOUTH AFRICAN
DENTAL ASSOCIATION

I _____, knowingly and willingly consent or for myself or for a minor _____, under my care to have elective dental or emergency dental treatment completed during the COVID-19 pandemic.

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine per patient/person.

Dental procedures take place with the patient in very close proximity to the service provider. This potentially exposes the patient and the operator to saliva and to coolant water spray, which may spread the disease. The ultra-fine nature of the spray and droplets may linger in the air for minutes to sometimes hours, which can transmit the COVID-19 virus.

- I understand that due to the frequency of visits of other dental patients, the characteristics of the virus, and the characteristics of dental procedures, that I have an elevated risk of contracting the virus simply by being in a dental office. _____ (Initial)
- I have been made aware of the National Institute of Communicable Diseases (NICD) guidelines that under the current pandemic all non-urgent health care is not recommended. Dental visits should ideally be limited to the treatment of pain, infection, conditions that significantly inhibit normal operation of teeth and mouth, and issues that may cause anything listed above within the next 3-6 months, _____ (Initial)
- I confirm I am seeking treatment for a condition that meets these criteria _____ (Initial)

I confirm that I am not presenting any of the following symptoms of COVID-19 listed below:

- Fever
 - Shortness of Breath
 - Dry Cough
 - Runny Nose
 - Sore Throat
- _____ (Initial)

- I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. The NICD recommends social distancing of at least 1 meter for a period of 14 days to anyone who has, and this is not possible with dentistry. _____ (Initial)
- I verify that I have not travelled outside South Africa in the past 14 days to countries that have been affected by COVID-19. _____ (Initial)
- I verify that I have not travelled domestically within South Africa by commercial airline, bus, or train within the past 14 days, _____ (Initial)

Name: _____

Date: _____