

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 infectious. I also understand that some people may have the virus but may not ever have any symptoms. I therefore understand it is currently impossible to accurately determine who has the virus and I understand that I must assume that anyone anywhere could be infected and infectious and that I have a risk of becoming infected by virtue of proceeding with my dental appointment 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.
- Loss of taste and/or smell.
- Extreme fatigue.
- Runny nose.
- Sore throat

I confirm that as far as I am aware 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 I am considered to be at greater risk of serious illness or higher mortality if I contract Covid-19 and fall into one of the categories below (please place a 'X' if any apply to you):

- Over 60
- Male
- Pregnant (particularly 28 weeks or greater or I have a heart disease or a heart defect)
- Have high blood pressure
- Have heart disease
- Are diabetic
- Have chronic kidney disease
- Suffer from chronic obstructive pulmonary disease including bronchitis/emphysema or cystic fibrosis
- Have asthma
- Have chronic liver disease such as hepatitis
- Have been diagnosed with chronic neurological conditions such as Parkinson's, motor neurone disease, multiple sclerosis, a learning disability or cerebral palsy
- Have problems with my spleen (sickle cell disease or spleen removed)
- Have a weakened immune system as the result of an autoimmune condition, HIV/AIDS, or medicines such as steroid tablets/ immunosuppression drugs or chemotherapy
- Have a body mass index of 40 or above



Consent to dental treatment during COVID-19

- From a black, Asian or minority ethnic (BAME) background, particularly those over 55
- Organ transplant recipient
- Undergoing radiotherapy for lung cancer
- Cancer of the blood or bone marrow
- Having immunotherapy or antibody treatment for cancer
- Receiving any other cancer treatments
- Received a bone marrow or stem cell transplant in the last 6 months
- Inherited an inborn error of metabolism that increases your risk of infections such as sickle cell disease

Initial

I understand that the team at RD Dental will take every precaution to make sure my treatment is provided according to strict clinical protocols and hygiene procedures as outlined by our governing bodies and Public Health England Initial

I consent to the treatment being provided during the current phase of Covid-19 and confirm that if I develop Covid-19 symptoms following my appointment or if a known contact of mine develops symptoms I will immediately inform one of the team at RD Dental.

Name:

Signature (Initials if completing electronically)

Date

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Please kindly email the completed form to info@rddental.co.uk at least 48 hours before your appointment. If you cannot access/complete the form electronically please call 01162779853 and speak to one of our team who will send the form to you via post. If you have any questions or concerns please do not hesitate to contact one of our team members.

0116 277 9853
www.rddental.co.uk

18 CENTRAL STREET • COUNTSTHORPE • LEICESTERSHIRE • LE8 5QJ