COVID-19 Pandemic Emergency Dental Treatment Consent

PATIENT NAME:

AGE:

GENDER:

WHAT IS YOUR PURPOSE FOR TODAY VISIT:

We will ask you a series of questions, thank you to answer in the most honest way to every question, your security is our main priority:

1. Do you have a fever or experienced fever within the past 14 days?

2. Have you experienced a recent onset of respiratory problems, such as a cough or difficulty in breathing within the past 14 days?

3. Have you, within the past 14 days, traveled to a country reported to be infected according to the World Health Organization with documented 2019-nCoV transmission?

4. Have you come into contact with a patient with confirmed 2019- nCoV infection within the past 14 days?

5. Have you come into contact with people from the neighborhood/region reported to be infected according to the World Health Organization who have recently documented fever or respiratory problems within the past 14 days?

6. Are there at least two people with documented experience of fever or respiratory problems within the last 14 days having close contact with you?

7. Have you recently participated in any gathering, meetings, or had close contact with many unacquainted people?

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

	YES	NO
• Fever > 38°C	☐	☐
• Cough	☐	☐
• Sore Throat	☐	☐
• Shortness of Breath	☐	☐
• Difficulty Breathing	☐	☐
• Flu-like symptoms	☐	☐
• Running Nose	☐	☐

I verify the information I have provided on this form is truthful and accurate.
I knowingly and willingly consent to have the above listed emergency dental treatment completed during the COVID-19 pandemic.

SIGNATURE OF PATIENT

CLINIC/DR.NAME:

DATE:

Note for the Clinic and Dr./Pr.

» If a patient replies “yes” to any of the screening questions, and his/her body temperature is below 37.3 °C, the dentist can defer the treatment until 14 days after the exposure event. The patient should be instructed to self-quarantine at home and report any fever experience or flu-like syndrome to the local health authorities.

» If a patient replies “yes” to any of the screening questions, and his/her body temperature is no less than 37.3 °C, the patient should be immediately quarantined, and the dental professionals should report to the infection control department of the hospital or the local health department.

» If a patient replies “no” to all the screening questions, and his/her body temperature is below 37.3 °C, the dentist can treat the patient with extra protection measures and avoid spatter or aerosol-generating procedures to the best.

» If a patient replies “no” to all the screening questions, but his/her body temperature is no less than 37.3 °C, the patient should be instructed to the fever clinics or specialized clinics for COVID-19 for further medical care.

Don't forget to visit our webpage for more information on the COVID-19

purgo-europe.com/covid-19

Purgo Dental Biologics Solution