MELDRUM orthodontics

Patient Acknowledgement/Consent: COVID-19 Pandemic Emergency Dental Risk

Patient Name: Date of Birth:

Name of Person Providing Consent (if not patient):

Relationship to Patient:

Email address: Phone number:

Please read and initials statements below:

Statements	**Initials**
I understand the novel coronavirus causes the disease known as COVID-19 and that it is currently a pandemic. I understand the novel coronavirus virus has a long incubation period during which carriers of the virus *may no show symptoms and still be contagious*.	
I understand the federal and provincial governments have asked individuals to maintain social distancing of a least 2 metres (6 feet) and I recognize it is not possible to maintain this distance while receiving orthodontic treatment.	
I understand that due to the characteristics of the novel coronavirus, and the characteristics of orthodontic procedures, that I have an elevated risk of contracting AND spreading the novel coronavirus.	
I confirm that I DO NOT have any TWO OR MORE of the following symptoms of COVID-19: (i) fever, (ii) new or worsening cough, (III) sore throat, (iv) runny nose or (v) headache.	
If I received COVID-19 test results in the past 3 months, the last results I received were negative. If applicable, approximate date of test:	
I confirm that I am not currently 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 knowingly and willingly consent to have orthodontic treatment completed during the COVID-19 pandemic.	

Signature/Type Name of Consenting Party:

Date:

**By typing your name in to the signature field above, you agree that you are signing this document electronically and that your electronic signature is the legal equivalent of your manual signature on this document.*