

Consent to Treatment During Covid-19

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 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:

Fever (a temperature of 37.8 degrees centigrade or above).

A new persistent dry cough

Muscle pains.

Headache.

Shortness of breath and breathing difficulties.

Severe pneumonia.

Loss of taste and/or smell.

Extreme fatigue.

Runny nose.

Sore throat

I understand that Dr Fozia Aziz along with all clinicians at Dentist on the Green will take every precaution to make sure my treatment is provided according to strict clinical protocols and hygiene procedures

I consent to the treatment being provided during the current phase of Covid-19.

Name: _____

Date: _____

Signature: _____