



Restorative Dentistry Specialist Orthodontics Oral Surgery Preventative Services

Consent to Treatment during the Covid-19 pandemic

Patient name _____

Date _____

Clinician _____

I understand that the novel corona virus, known as Covid-19 has a long incubation period during which carriers of the virus may not show symptoms and still be contagious. I appreciate that dental procedures may produce aerosols which can at times linger in the air for some time after the procedure has been completed. Due to the frequency of visits of other patients to the dental surgery and the characteristics of the virus, there may be an elevated risk of contracting Corona virus. I am aware of the symptoms of corona virus infection and I can confirm that I am not currently presenting with any of these symptoms.

I am also aware and appreciate that certain members of the community are more susceptible to corona virus infection and have been able to discuss my personal risks and concerns with my clinician prior to my appointment.

I am happy to proceed and consent to treatment during the Corona virus pandemic fully understanding the potential risks of attending for my treatment.

Print name _____

Signature _____

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