



Dear Ora Dental Patients,

Dental visits will look different for the time being with the current COVID-19 pandemic. Our priority has always been to provide excellent, sincere and safe dental care. We are following the most current guidelines from the Alberta Dental Association and College (ADA+C) and Alberta Health Services (AHS). Ora Dental continues our commitment to maintaining strict infection control standards. Our building management has also increased sanitizing and disinfecting high touch surfaces and high pedestrian foot traffic areas within the building. We want you to be comfortable and confident during your visit to Ora Dental especially during this challenging time. Please review the following in preparation for your next dental visit:

BEFORE YOUR APPOINTMENT

- You will be asked a series of screening questions before booking your appointment. Only Low COVID-19 Risk Level patients who pass our COVID-19 screening will be seen at our office.
- Consent documents will be emailed to you, or can be found at www.oradentalcalgary.com.
- We encourage you to bring and wear *your own* face mask to the dental office. Due to limited Personal Protective Equipment (PPE) we are reserving our supply for our staff.

UPON YOUR ARRIVAL

- Upon arrival DO NOT COME INTO THE BUILDING as our office door will remain locked. Call our office (403-262-3447) and let us know that you have arrived. WAIT IN YOUR VEHICLE. Please do not wait in the building lobby.
- You will be called when your operatory is ready for treatment.
- All accompanying individuals will need to wait in their respective vehicles. Only ONE legal guardian, or a caregiver, will be allowed and they will need to complete screening.
- Have your mask on when entering the office, and we ask that you *immediately* use hand sanitizer upon entering.
- One of our team members will take your forehead temperature to confirm you do not have a fever and review screening questions.
- Any consent forms that were not completed prior will need to be signed.
- We will be maintaining 2 meter physical distancing between individuals.

IN THE DENTAL CHAIR

- Once seated in the dental chair you will be given a hydrogen peroxide rinse. Rinse for at least 30 seconds and carefully spit back into the cup.
- Your health care providers will look a little different; we will be taking extra precaution with the necessary PPE as per ADA+C (gowns, masks and plastic face shields).
- We will be keeping your appointment as short as possible with extra precaution.

AFTER YOUR APPOINTMENT

- Hands will need to be sanitized before leaving the operatory.
- You may then head to the front desk to complete any payment or exit forms that are required.

Thank you for your cooperation, and we look forward to seeing you again soon!



COVID-19 Pandemic Dental Treatment Consent Form

Patient name: _____

CMOH Order [05-2020](#) legally obligates any person who has the following cough, fever, shortness of breath, runny nose, or sore throat (that is not related to a pre-existing illness or health condition) to be in isolation (quarantine) for 10 days from the start of symptoms, or until symptoms resolve, whichever takes longer. If they are exhibiting any of these symptoms, it is suggested they complete the [COVID-19 Self-Assessment online tool](#) to determine if they should be tested.

I understand the novel coronavirus causes the disease known as COVID-19. I understand the novel coronavirus has a long incubation period during which carriers of the virus may not show symptoms and still be contagious. _____ (initial)

I understand that due to the frequency of visits of other dental patients, the characteristics of the novel coronavirus, and the characteristics of dental procedures, that I have an elevated risk of contracting the novel coronavirus simply by being in a dental office. _____ (initial)

I confirm that I am *not* presenting any of the following symptoms of COVID-19 identified by Alberta Health Services (AHS):

- **Fever > 38 °C.** _____ (initial)
Recorded Temperature: _____ °C
- **A new cough or worsening chronic cough** _____ (initial)
- **New or worsening shortness of breath** _____ (initial)
- **Sore throat or painful swallowing** _____ (initial)
- **Difficulty Breathing** _____ (initial)
- **Flu-like symptoms** _____ (initial)
- **Runny Nose** _____ (initial)

I confirm I know that there are categories of people who are considered to be high risk. I understand the high risk category factors are being 65 years of age or older, heart disease, lung disease, kidney disease diabetes or any auto-immune disorder. _____ (initial)

I fall into the following high risk categories (_____) and my dentist and I have discussed the risks, and I have agreed to proceed with treatment. _____ (initial)

I confirm that to my knowledge I am *not* currently positive for the novel coronavirus. _____ (initial)

I confirm that I am *not* waiting for the results of a laboratory test for the novel coronavirus. _____ (initial)



I verify that I have *not* returned to Alberta from any country outside of Canada whether by car, air, bus, boat or train in the past 14 days. _____ (initial)

I understand that any travel from any country outside of Canada, including travel by car, air, bus, boat or train, significantly increases my risk of contracting and transmitting the novel coronavirus. AHS require self-isolation for 14 days from the date a person has returned to Canada. _____ (initial)

I understand that AHS has asked individuals to maintain physical distancing of at least 2 metres (6 feet) and it is not possible to maintain this distance and receive dental treatment. _____ (initial)

I verify that I have *not* been identified as a contact of someone who has tested positive for novel coronavirus or been asked to self-isolate by Alberta Health, the Communicable Disease Control or any other government health agency. _____ (initial)

If I am a healthcare worker, I verify that I have worn appropriate PPE. _____ (initial)

LIST OF DENTAL TREATMENT:

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

SIGNATURE OF PATIENT/GUARDIAN/CARE GIVER

Printed Name

Date