



COVID 19 Consent form Dental Treatment

Please insert your name below and sign and date at the bottom of the form.

NAME OF PATIENT:	
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I, we knowingly and willingly consent to have dental treatment carried out during COVID19.
I, we confirm that we do not have the symptoms of coronavirus (COVID-19)

High temperature – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)

New, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)

Loss or change to your sense of smell or taste – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal

Generalised aches or pains

I, we consent to have Hydrogen Peroxide 1.5% mouthwash pre-treatment.
I have no allergies or contra indications to Hydrogen Peroxide.

Signature:	
Date:	