

Longwood House dental – 0208 5510088

150 Longwood Gardens, Ilford Essex
IG7 6EL

Consent to dental treatment during COVID-19 & Patient Risk Assessment.

Dear patient,

We have booked you into see a clinician soon. We need you to now read this form and sign it in all the spaces marked. We then need you to bring this cov19 risk and consent form with you at your next appointment.

This is a new HSE requirement for your safety and for the staff's safety, and must be done.

I have read, understand and will abide by the following:

"I am aware that the current COVID-19 pandemic brings a number of known risks and a number of unknown risks. I have been advised to download the Track and Trace App by the clinic. (This is your choice- but we recommend this).

I have chosen to seek dental treatment during the pandemic and feel that this treatment I have booked for is an important part of maintenance or treatment of my dentition, this is to avoid further damage or any pain in the future."

() Please sign here.

"I understand that for my safety: the staff at Longwood House Dental are not allowed to come in to work if they have any symptoms and will only return to work if they have had a test within 3 days that shows them as being negative."

"I understand that all medical and dental staff is all highly trained in cross infection protection and have further enhanced training in COVID19 control. (The staff have a Cross infection training video, which they would like you to see on the website; please go to www.longwood-house.co.uk and click Cov19 Safety tab.)"

"I understand that if I, the patient, have any Symptoms of Covid19, BEEN IN CLOSE CONTACT WITH SOMEONE THAT HAS SYMPTOMS/COV19; then I must call the clinic immediately and inform them.

These symptoms include (plus any other that the government may recommend:

- 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 (not hay fever).
- Sore throat (not hay fever).
- If you think you may have hay fever, please ask the GP to recommend an antihistamine; if this does not clear your symptoms then you may have cov19.

- You will be asked to isolate at home and not come in for your appointment.
- You will need to book a covid19 test within 3 days of developing the symptoms by calling 119.
- Then call and inform the practice if your results were positive or negative
- They will record this on your dental file.
- You will be rescheduled for 14 days after your symptoms have cleared. PLEASE RECORD THE DATE OF YOUR LAST SYMPTOM, AS YOU WILL BE ASKED THIS BY THE DENTIST AND RECEPTIONIST. Then call us and reschedule/ let us know if you wish to delay treatment.

() Please sign here.

"I have been made aware that during the current phase of the pandemic, that the clinic has to prioritize patients and that I may be cancelled at short notice if there are staff shortages (we will do our best to accommodate you back in to the diary to see your dentist, however demand may be high as the clinic has been closed for a while. We do apologize in advance for any inconvenience this causes you."

48 HOUR REMINDER FOR APPOINTMENTS

We will no longer text you a reminder prior to your appointments. We encourage you to call the practice and give your email address immediately, unless we have been contacting you by email already.

"I (The patient) WILL NEED TO CALL THE CLINIC 48 HOURS PRIOR TO MY APPOINTMENT & CONFIRM THAT I HAVE NO COVID19 SYMPTOMS / BEEN IN CLOSE CONTACT WITH SOMEONE THAT HAS SYMPTOMS/COV19."

() Please sign here.

"I understand I have to call in dental office opening hours. I understand that I may have to call several times if the line is engaged, as it is important that I talk with the reception. The call in times are (Monday to Friday 9am to 5pm). You must not leave a message – We have to have "live" – confirmation from you.

(We will set an automated email reminder to go out to all patients 3 days prior to their appointments, and again the day before your appointment). Please do not rely on these. Try and set your own reminders on a diary/ your phone alert.

The ultimate responsibility is now that you call and confirm your medical status is clear 48 hours prior to your appointment"

() Please sign here.

"I understand that if the communication fails for whatever reason and we do not receive a 48 hour confirmation / cancellation from you then; then for the safety of the staff and patients on our waiting list, your appointment will be cancelled automatically and you will have to pay a failed notification fee."

() Please sign here.

"For appointments booked on Monday or Tuesday please call in to confirm your covid19 health status on Friday."

() Please sign here.

THE REMINDER DAY BEFORE YOUR FOR APPOINTMENT

THE DAY BEFORE YOUR APPOINTMENT YOU WILL ONLY RECEIVE AN EMAIL FROM THE RECPTION – THIS IS AUTOMATED – SO AGAIN PLEASE DO NOT RELY ON THIS. PLEASE SET UP YOUR OWN ALERTS.

DUE TO THE COVID19 PANDEMIC, YOUR DENTIST/ RECEPTIONIS MAY TO SPEAK WITH YOU THE DAY BEFORE YOUR VISIT. THIS CALL TO YOU THE DAY BEFORE IS TO RECONFIRM THE TREATMENT AND THAT YOU ARE HAVING YOUR COVID19 STATUS AND TO ASK YOU IF THERE IS ANY OTHER TREATMENTS. TO GIVE YOU ANY PRETREATMENT ADVICE / QUESTIONS YOU MAY WISH TO ASK BEFORE ATTENDING.

Consent - I understand all of the above and accept the terms.

Signed (The patient)..... (Date).....

Please bring this signed form with you to the clinic.