



.Oakridge Co-op Mall Professional Wing  
Suite 49, 2580 Southland Drive SW  
Calgary, AB T2V 4J8  
[OakridgeDentureCentre@gmail.com](mailto:OakridgeDentureCentre@gmail.com)  
[www.OakridgeDenture.com](http://www.OakridgeDenture.com)  
403-251-1522

Charles Gulley, DD, F.C.A.D.  
Denturist, Denture Specialist

---

## COVID-19 Pandemic Treatment Consent Form

Patient Name: \_\_\_\_\_

1. I understand the Novel Coronavirus causes the disease known as COVID-19, and that the Novel Coronavirus has a long incubation period during which carriers of the virus may not show symptoms and still be contagious.
2. I understand that some procedures in a denture or dental clinic can create aerosols which is one way that the Novel Coronavirus can spread. The ultra-fine nature of the aerosols can linger in the air for minutes to sometimes hours, which can transmit the Novel Coronavirus.
3. I understand that due to the frequency of visits of other denture/dental clinic patients, the characteristics of the Novel Coronavirus, and the characteristics of denture/dental treatment procedures, that I have an elevated risk of contracting the Novel Coronavirus simply by being in a denture/dental clinic.
4. I confirm that I am not presenting with any of the following symptoms of COVID-19 identified by Provincial Health Services:
  - Fever > 38°C
  - Cough or worse than normal Chronic Cough
  - Sore Throat
  - Shortness of Breath or worse than normal Chronic Shortness of Breath
  - Flu-like symptoms
5. I confirm that I am not currently positive for the COVID-19 nor is anyone in my household.
6. I confirm that neither I or anyone in my household, are waiting for the results of a laboratory test for COVID-19.
7. I verify that I have not returned to Alberta from any country outside of Canada whether by car, air, bus, or train in the past 14 days.

**-OVER-**

8. I understand that any travel from any country outside of Canada, including travel by car, air, bus or train, significantly increases my risk of contracting and transmitting the Novel Coronavirus , and that Provincial Health Services requires self-isolation for 14 days from the date a person has returned to Canada.
9. I understand that the Provincial Health Services has requested individuals to maintain social distancing of at least 2 meters (6 feet) and it is not possible to maintain this distance and receive denture treatment.
10. I verify/affirm, 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 Provincial Health, the Communicable Disease Control, or any other governmental health agency.

---

## Consent to Treatment

I certify/affirm that I have fully reviewed, understand, and agree to the 10 paragraphs in this consent form, and that the information provided on this form is truthful and accurate. I knowingly and willingly consent to have denture treatment(s) completed during the COVID-19 pandemic, including:

1. Specific exam for the denturist to determine needed treatment(s).
2. Other treatment(s) to be determined after the examination and consultation with the denturist, and I will provide verbal consent to treatment(s) I agree to have completed at this time.

Patient Name: \_\_\_\_\_ Date \_\_\_\_\_

---

*Signature of Patient*