

Welcome Back!

Dear Patient,

Life has been anything but normal this spring and we sincerely hope you and your family are in good health. We are happy to inform you that we are now able to once again provide dental care for you [and your family]. The Ministry of Health has lifted the restrictions placed back in March. While many things have changed since then, one thing has remained the same: our commitment to your health and safety.

Our office has always followed strict infection control standards and in order to keep us all protected during this pandemic and in the future, we have updated our protocols. When we see you at your next appointment, things will be a little different.

- We will ask some screening questions before your appointment and you'll be asked those same questions again when you're in the office.
- You may be asked to wait outside our office or in your car and call us when you arrive and then wait for a call back to let you know when you can enter the office.
- We have hand sanitizer that we will ask you to use when you enter the clinic. There are more dispensers around the office for you to use as needed.
- Our waiting room will no longer offer magazines or children's toys since those items are difficult to fully disinfect.
- Appointments will be spaced out to allow for physical distancing between patients. That might mean less flexibility for scheduling your appointment, but it will also reduce the number of patients in the reception area at any one time.
- You may be surprised that we're wearing more protective gear – such as masks, face shields, gowns – than we normally do during your visit.

Rest assured, all these procedures are designed to create the safest environment for you, other patients and our team.

We look forward to seeing you again. If you have any questions, please let us know. To make an appointment, call our office at 345-2211.

Thank you for patience and loyalty throughout this ordeal. We value your trust and look forward to welcoming you back!

Sincerely,

The Team at Dr. Gerald Smith, Dr. Sean St Louis and Dr. Steve ten Hove

Patient Screening Form

Current guidelines require us to ask the following questions several times prior to your appointment.

Thank you in advance for your cooperation.

Have you had close contact with anyone with acute respiratory illness or travelled outside of Ontario in the past 14 days?	Yes / No
Do you have a confirmed case of COVID-19 or had close contact with a confirmed case of COVID-19?	Yes / No
Do you have any of the following symptoms: <ul style="list-style-type: none">• Fever• New onset of cough• Worsening chronic cough• Shortness of breath• Difficulty breathing• Sore throat• Difficulty swallowing• Decrease or loss of sense of taste or smell• Chills• Headaches• Unexplained fatigue/malaise/muscle aches (myalgias)• Nausea/vomiting, diarrhea, abdominal pain• Pink eye (conjunctivitis)• Runny nose/nasal congestion without other known cause	Yes / No
Are you 70 years of age or older, experiencing any of the following symptoms: delirium, unexplained or increased number of falls, acute functional decline, or worsening of chronic conditions?	Yes / No

Patient Acknowledgement:

COVID-19 Pandemic Emergency Dental Risk

Please read the patient acknowledgement below, and initial or sign in all areas indicated.

I understand the novel coronavirus causes the disease known as COVID-19 and that it is currently a pandemic. I understand that the novel coronavirus virus has a long incubation period during which carriers of the virus **may not show symptoms and still be contagious**. For this reason, I understand that the federal and provincial authorities have recommended that Ontarians stay home and avoid close contact with other people when at all possible. _____ (initial)

I understand the federal and provincial authorities have asked individuals to maintain social distancing of a least two (2) meters (six (6) feet) and I recognize it is **not possible to maintain this distance while receiving dental treatment**. _____ (initial)

I understand that oral surgery/dental procedures can create water and/or blood spray, which is one way that the novel coronavirus can spread. I understand that the ultra-fine nature of the spray can linger in the air for minutes to sometimes hours, which can transmit the novel coronavirus. _____ (initial)

I understand that due to the visits of other 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 the dental office**. _____ (initial)

I confirm that I do NOT have any TWO OR MORE or the following symptoms of COVID-19: (i) fever, (ii) new or worsening cough, (iii) sore throat, (iv) runny nose or (v) headache. _____ (initial)

If I received COVID-19 test results in the past three (3) months, the last results I received were negative. _____ (initial) If applicable, approximate date of test: _____

I confirm that I am not waiting for the results of a test for COVID-19. _____ (initial)

I confirm that this is not currently a period during which public health authorities required I self-isolate for 14 days. _____ (initial)

I verify the information I have provided on this form is truthful and complete. I knowingly and willingly consent to have emergency surgical/dental treatment completed during the COVID-19 pandemic.

SIGNATURE OF PATIENT

Date