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### COVID -19 Dental Procedure Disclaimer

Given the current situation around the COVID-19 pandemic, it is important to understand that dental procedures carry a high risk of spreading COVID-19 from the patient to the treating staff. Therefore, you as the patient or parent/guardian of the patient declare the following:

1-For the last 2 weeks, you/the patient has not had any viral symptoms.

Cough

Fever

Tiredness

Runny nose

Diarrhea

2-To your knowledge, you/the patient have not been in contact with any person with the above symptoms or proven COVID-19 in the last 2 weeks.

3-Furthermore, you understand that the practice follows COVID-19 hygiene protocol and that treating staff wear PPE(personal protecting equipment) during any direct personal contact to minimize the risk of COVID-19 transmission. You understand that even with these strict precautions, we cannot fully guarantee the prevention of transmission.

Name and Surname:.....

Date: .....

Signature: .....