

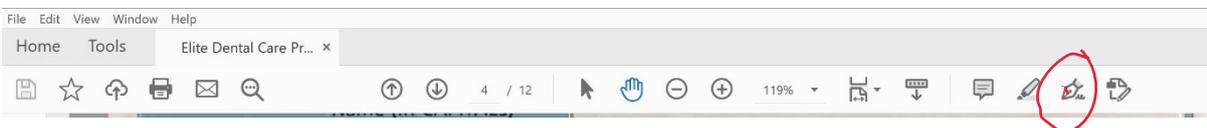


ELITE DENTAL CARE PRE-APPOINTMENT PAPERWORK GUIDANCE

So that we can perform procedures as safely and efficiently as possible, before you attend the practice you **must fill in all of the forms below. After being completed, forms must be emailed to elitedentalfinchley.dentist@nhs.net - they cannot be handed in personally to reduce the spread of bacteria once you are on site. Only once these steps are completed will you be able to attend your appointment.**

Below is a guide to filling out and sending off your medical and consent paperwork. If you require further advice, please contact the surgery on 02083468717 or 02082027216.

Once you have downloaded the PDF document onto your computer, when clicked it will automatically open in Adobe Reader.



Selecting the circled icon from the menu bar will allow you to edit text within the PDF. A text box will be created as you move your cursor, which you can type your information into.

Red X's are marked throughout the document where your name, signature (can be your name typed) a cross or date are required. You do not need to fill out any other information at this time.

Every page contains guidance at the top in red, informing you of what and whether you need to sign.

*****Please note. For the NHS Patient Declaration on Pages 3 &4, Page 3 must be signed and dated by ALL NHS PATIENTS. Only patients that do not pay for their dental treatment must sign, date and cross Page 4 .**

Once you have filled in and signed the document in all the relevant pages, select Save As and save the file as your full name. Then attach this to an email, and send to elitedentalfinchley.dentist@nhs.net.



What We Are Doing to Keep You and Our Team Safe.

We are excited to have the opportunity to welcome you back! Our Practice has always utilized personal protective equipment (PPE) that has exceeded all the CDC guidelines, however, in light of the COVID-19 Pandemic we have instituted additional guidelines and protocols to ensure your safety.

You will see many changes, as we have new ways of scheduling appointments. First patients will be contacted prior to their appointment via phone and asked a set of health-related questions. It is required that we complete this questionnaire prior to the appointment. **We will have to reschedule the appointment if we are unable to complete this step.** Below is a list of some of the enhanced precautions we have taken to protect everyone's safety in addition to extensive team training on infection control and patient management procedures.

1. Please try and attend on your own whenever possible.
2. We may not be able to offer the washroom facilities. Please be mindful of this policy.
3. Arrival procedure to guide you from your car directly to treatment rooms to eliminate contacting surfaces.
4. Maintain distancing in the reception area for essential caregivers and parents of minors if they cannot wait from your car/ or if you are outside the surgery.
5. Removed magazines and items that can harbor or transfer germs of any kind. Hand sanitizers will be positioned throughout the clinic.
6. Providing more education materials to enhance your awareness of health issues related to this pandemic.
7. Installed screens at all reception areas to protect staff.
8. Require hand washing and hand sanitizing before all appointments by our team and by our patients.

9. Record temperature of every patient upon entering the Surgery.
10. Record the temperature of every team member each day at beginning of work period.
11. Payment arrangements in advance or afterwards to avoid delay and allow contactless exit from the appointment in the initial period.
12. Enhanced operatory disinfection procedures of all surfaces between patients.
13. Enhanced Surgery disinfection procedures before and after all appointments with mist or fogging devices to access hard to reach places that can be easily missed.
14. Superior personal protection equipment like visors, gowns, and masks for our clinical team to provide barriers against the smallest of germs.
15. Introduce protocols to reduce or eliminate airborne aerosols during all dental procedures.
16. Disinfection of all outside mail and packages that enter the building.
17. Longer appointment times for us to prepare and complete all appointment tasks and duties in the safest and most comprehensive manner.

Full Name..... D.O.B.....

AddressPostcode.....

Tel No:Mob.....

E-mail Address:

GP details

Consent to disclose appt / treatment information with family member YES / NO

Preferred recall method : SMS , E-MAIL , LETTER

If you are an overseas visitor please speak to a member of staff

COVID 19 – HISTORY

Have you had COVID?.....

If so, have you had a swab or serum blood test to verify this?.....

Do you have any of the following symptoms currently: fever (37.5 or above), persistent cough or loss of smell or taste?.....

Where you reside, does anyone have COVID currently or any of the above symptoms?.....

Are you a shielded patient or shielding someone in the household?.....

MEDICAL HISTORY

Attending or receiving medical treatment?.....

Taking any medication? If so, then which ones.....

Allergies to any medicines/ materials?

Bronchitis, Asthma , other chest condition?.....

Hepatitis B, C ,or HIV?.....

Had heart attack / Rheumatic fever/Endocarditis?.....

Fainting attacks/Epilepsy/ Blackouts?.....

High Blood Pressure:?

Diabetes?.....

Pacemaker?.....

Previous General Anaesthetic.....

Bruise easily , bleed excessively ,blood disorder?.....

Pregnant?.....

Cigarettes smoked per day.....

Units of alcohol per week.....

Signature.....**X** Date.....**X**

PATIENT PREFERRED CONTACT METHOD

ALL PATIENTS MUST COMPLETE THIS FORM.

I confirm that my contact details are correct and I would prefer to be contacted by this Dental Practice by the following method (please insert preferred method and details)

Home or mobile telephone number:

Email address:

Text/SMS message:

Letter Post:

Address:

If I am unable to speak/receive a message/read any correspondence I authorise the Practice to

Leave a message on this telephone number:

OR

Communicate with my Husband/Wife/Parent/Partner/Carer

Give Name:

Relationship:

Signed

X

Date

X

Permitted use of personal data (STRIKE OUT CLAUSE A or B)

A) EITHER, In the event that any person working at ELITE DENTAL CARE PRACTICE wishes to use any of my personal data for use for marketing, promotional, educational, training or any other purpose than my care and treatment; I permit the practice management to make an information request to me using the following method: Specify how to be contacted here:

B) I do not permit the practice management to request using my personal data for any purpose other than my care and treatment.

NAME:

X

SIGNED

X

Date

X

**ALL PATIENTS MUST
COMPLETE THIS FORM**



COVID-19 PANDEMIC DENTAL TREATMENT CONSENT FORM

I, _____ **X** , consent to having dental treatment carried out during the COVID-19 pandemic.

I understand that the current COVID-19 pandemic brings a number of known and unknown risks.

I have chosen to seek dental treatment during the pandemic and feel that the treatment will help to maintain my oral health and avoid further deterioration and/or discomfort in the future.

I confirm that I am not presenting any of the following symptoms of COVID-19 listed below:

- High temperature or fever
- New, continuous cough
- Loss of, or change in, sense of smell or taste

I confirm that:

- I have not tested positive to COVID-19 in the last 7 days
- I am not waiting for the COVID-19 test or the results
- I do not live with someone who has either tested positive for COVID-19 or had symptoms for COVID- 19 in the last 14 days
- I have not been notified by NHS Test and Trace in the last 14 days that I am a contact of a person who has tested positive for COVID-19 and I do not live that person

Elite Dental Care would like to reassure you that we take your health and safety very seriously- we practise stringent infection control and sanitisation procedures before and after your dental treatment- which are designed to minimise infection risk to as low as humanly possible levels. These measures comply with guidance issued by Public Health England, who regulate the healthcare profession, and are updated on a regular basis. I understand that I have an elevated risk of contracting the virus simply by being in a dental surgery.

Signature: _____ **X** Date: _____ **X**