

**ZENTIST**

*158 DeHaviland  
Road, HA8 5QB*

Providing the best  
dental care services



**ZENTIST**

Issued at:  
2023-05-03

**Name: Johny Smith**

**Address: 38 MILFORD GARD**

**Phone: 07823441223**

**Gender: Masculin**

**Email: J.smith@yahoo.com**

I Johny Smith,

Knowingly and willingly consent to having dental treatment completed at Zental clinic.

I understand the Covid – 19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious.

It is impossible to determine who has it and who does not given the current limits in virus testing.

- Continuous fever (more than 37.8 degrees)
- Shortness of breath
- Dry Cough
- Runny Nose
- Sore throat
- Loss of smell or taste



I confirm I am not presenting with any of the following symptoms of Covid – 19 listed above.

## **Treatment consent form**

Following the consultation with Dr. John Smith II, an appointment has been made for

me to to follow the treatment provided. I confirm that i fully and willingly consent to the treatment and i understand all the risks involved.

- I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.
- I have been told about additional procedures which may become necessary during my treatment.
- I understand that you cannot give me a guarantee that the treatment will fix the underlying issues and the problem might reappear in the future.

## SIGNATURE

	Clear
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