



# SMILECRAFTERS

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## DENTAL

1146 Wilson Street West,  
Ancaster, ON, L9G3K9  
Phone: (905) 648-0550

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### EMERGENCY APPOINTMENT DURING COVID-19

Patient Name (first, last): \_\_\_\_\_

Date: \_\_\_\_\_

- Is this appointment due to a dental emergency?: Yes / No
- Are you suffering from: oral-facial trauma, significant infection, prolonged bleeding or pain which cannot be managed by over-the-counter medications?: Yes / No
- Have you travelled outside of Canada in the last 14 days? Yes / No
- Have you had close contact with a confirmed or probable case of COVID-19? Yes / No
- Have you had close contact with a person with acute respiratory illness or who has returned from travel to an impacted area? Yes / No
- Do you have any of the following symptoms: Cough, Shortness of breath, runny nose, or fever? Yes / No

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Dentist Signature: \_\_\_\_\_