



Page 2: Your information

Q1

Your details

First name	Fiona
Surname	Turner
City/town	[REDACTED]
Email	[REDACTED]

Q2 dentist or dental specialist

Your submission is in the capacity as

Page 3: Name of company/organisation

Q3 Respondent skipped this question

Name of company/organisation

Page 4: Your Person ID number

Q4
Please add your Dental Council Person ID registration number

[REDACTED]

Page 5: Please provide your feedback by responding to the following question

Consultation on supplementary risk management principles for oral health during the COVID-19 pandemic

Q5

Yes

Do you support the proposed Supplementary risk management principles for oral health during the COVID-19 pandemic? If you do not support the draft, please share your concerns, reasons for your view, and proposed alternatives if you have any.

Q6

Please share any comments you have below:

Do you have any time frame in mind for when multichair clinics will have to place extra partitions and increase air flow by?
