



Page 2: Your information

Q1

Your details

First name

Lye

Surname

Alexander

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

Q5

No

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:

Most of my patients are elderly with muscle aches and COPD. We are in a rural location, with a massive shortage of dentists. I cannot classify most of my elderly patients as moderate risk and have a 25 minutes stand down for a denture adjustment (Especially when we are fully booked past Christmas!).
