

Patient Advisory and Acknowledgment

Receiving Dental Treatment During the COVID-19 Pandemic

Dear Patient:

Please be advised of the following:

- While our office complies with State Health Department and the Centers for Disease Control and Prevention infection control guidelines to prevent the spread of the COVID-19 virus, we cannot make any guarantees.
- Our staff are symptom-free and, to the best of their knowledge, have not been exposed to the virus. However, since we are a place of public accommodation, other persons (including other patients) could be infected, with or without their knowledge.

In order to reduce the risk of spreading COVID 19, we have asked you a number of “screening” questions below. For the safety of our staff, other patients, and yourself, please be truthful and candid in your answers.

PATIENT/RESPONSIBLE PARTY

DATE

Please circle “Yes” or “No” to the following questions –

DO YOU HAVE A FEVER? -----→ YES / NO

DO YOU HAVE ANY SHORTNESS OF BREATH? -----→ YES / NO

DO YOU HAVE A DRY COUGH? -----→ YES / NO

DO YOU HAVE A SORE THROAT? -----→ YES / NO

ANY OTHER FLU LIKE SYMPTOMS? -----→ YES / NO

RECENT LOSS OF TASTE OR SMELL? -----→ YES / NO

ARE YOU IN CONTACT WITH CONFIRMED COVID-19
POSITIVE PATIENT? -----→ YES / NO

DO YOU HAVE HEART/LUNG/KIDNEY DISEASE/S, DIABETES
OR ANY AUTO-IMMUNE DISORDERS? -----→ YES / NO