

Patient Advisory and Acknowledgment

Receiving Dental Treatment During the COVID-19 Pandemic

Dear Patient:

You have come to our office today for a routine dental evaluation and/or treatment that will be done during the COVID-19 pandemic. 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 ask you to answer 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 ANSWER “YES” OR “NO” WITH YOUR INITIALS, TO THE FOLLOWING QUESTIONS:

ARE YOU CURRENTLY AWAITING THE RESULTS OF A COVID-19 TEST?

YES NO

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 RUNNY NOSE?

YES NO

DO YOU HAVE A SORE THROAT?

YES NO

DO YOU HAVE SNEEZING, WATERY EYES, AND/OR SINUS PAIN/PRESSURE
THAT IS UNUSUAL AND NOT RELATED TO SEASONAL ALLERGIES?

YES NO

HAVE YOU EXPERIENCED UNUSUAL HEADACHES, FATIGUE, OR WEAKNESS?

YES NO

HAVE YOU LOST YOUR SENSE OF TASTE AND/OR SMELL?

YES NO

WITHIN THE LAST 14 DAYS, HAVE YOU TRAVELLED TO ANY FOREIGN COUNTRY?

YES NO

WITHIN THE LAST 14 DAYS, HAVE YOU TRAVELLED WITHIN THE UNITED STATES?
IF SO, WHERE?

YES NO
