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 of 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.

PLEASE PRINT NAME

PATIENT/____DATE:_____________

PLEASE ANSWER "YES" OR "NO" TO THE FOLLOWING QUESTIONS	YES	NO
ARE YOU CURRENTLY AWAITING THE RESULTS OF A COVID-19 TEST?	☐	☐
DO YOU HAVE A FEVER?	☐	☐
DO YOU HAVE SHORTNESS OF BREATH?	☐	☐
DO YOU HAVE A COUGH?	☐	☐
DO YOU HAVE A RUNNY NOSE?	☐	☐
DO YOU HAVE SNEEZING, WATERY EYES, SINUS PRESSUSRE (NOT ALLERGIES)?	☐	☐
ARE YOU EXPERIENCING HEADACHES, FATIGUE OR WEAKNESS?	☐	☐
HAVE YOUR LOST YOUR SENSE OF TASTE OR SMELL?	☐	☐
HAVE YOU TRAVLED WITHIN THE U.S. IN THE LAST 21 DAYS?	☐	☐
HAVE YOUR TRAVELED TO A FOREIGN COUNTRY IN THE LAST 21 DAYS?	☐	☐