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 absolute 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. The answers should reflect the patient's status **on the day of their appointment**.

If the answer to any of these questions is yes, call our office for instructions-you may be asked to reschedule your appointment to a later date.

_____

RESPONSIBLE PARTY **DATE**

_____

PATIENT NAME **DATE**

ARE YOU CURRENTLY AWAITING THE RESULTS OF A COVID-19 TEST?	YES	NO
DO YOU HAVE A FEVER OR CHILLS?	YES	NO
DO YOU HAVE SHORTNESS OF BREATH?	YES	NO
DO YOU HAVE A COUGH?	YES	NO
DO YOU HAVE CONGESTION OR 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
ANY NAUSEA, VOMITING, or DIARRHEA?	YES	NO
HAVE YOU EXPERIENCED HEADACHES, FATIGUE, OR WEAKNESS?	YES	NO
HAVE YOU LOST YOUR SENSE OF TASTE AND/OR SMELL?	YES	NO

HAVE YOU, YOUR CHILD, OR ACCOMPANYING PARTY HAD A KNOWN EXPOSURE TO ANY INDIVIDUAL WITH COLD/FLU LIKE SYMPTOMS OR THOSE MENTIONED ABOVE?	YES	NO
HAVE YOU, YOUR CHILD, OR ACCOMPANYING PARTY HAD A KNOWN EXPOSURE TO ANY INDIVIDUAL WITH SUSPECTED OR CONFIRMED TO HAVE COVID19 OR WHO HAS TRAVELLED TO A LOCATION AFTER WHICH SELF-QUARANTINE IS RECOMMENDED?	YES	NO

Print, complete, and have patient bring to their appointment