

Patient Advisory and Acknowledgement

Receiving Dental Treatment During the COVID-19 Pandemic

Dear Patient:

You have presented to the office today for dental treatment. While our office complies with the 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 several "screening" questions below. For the safety of our staff, other patients, and yourself, please be truthful and candid in your answers.

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 any other flu-like symptoms? *

- Yes
- No

Have you experienced recent loss of taste or smell? *

Yes

No

Contact with any confirmed COVID-19 positive people? *

Yes

No

Withing the last 14 days:

Have you traveled to any foreign country? *

Yes

No

Have you traveled within the US? *

Yes

No

If so, where?
