

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 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 a number of “screening” questions below. For the safety of our staff, other patients, and yourself, please be truthful and candid in your answers.

COVID-19 Questionnaire Screening:

- 1. Have you tested positive for COVID-19? Y / N**
- 2. Have you been tested for COVID-19 and are awaiting results? Y / N**
- 3. Do you have any of the following respiratory symptoms? Fever, sore throat, cough, shortness of breath? Y / N**
- 4. Have you recently lost your sense of smell or taste? Y / N**
- 5. Do you have any GI symptoms? Diarrhea? Nausea? Y / N**
- 6. Even if you don't currently have any of the above symptoms, have you experienced any of these symptoms in the last 14 days? Y / N**
- 7. Have you been in contact with someone who has tested positive for COVID-19 in the last 14 days? Y / N**
- 8. Have you traveled outside of the United States by air or cruise ship in the past 14 days? Y / N**
- 9. Have you traveled within the United States by air, bus or train within the past 14 days? Y / N**

Patient temperature: _____ °F

Name: _____

Patient/Responsible Party: _____ Date: _____