

**Patient Advisory and Acknowledgement
Receiving Dental Treatment During the COVID-19 Pandemic**

Dear Patient,

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 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.

Patient/Responsible Party

Date

Please answer "YES" or "NO" to the following questions:

Do you have a fever or have you felt hot or feverish recently (14-21 days)?
__ YES __ NO

Do you have any shortness of breath or difficulties breathing?
__ YES __ NO

Do you have a cough?
__ YES __ NO

Any other flu-like symptoms, such as gastrointestinal upset, headache or fatigue?
__ YES __ NO

Have you experienced recent loss of taste or smell?
__ YES __ NO

Are you in contact with any confirmed COVID-19 positive patients?
__ YES __ NO

Do you have any heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders? __ YES __ NO

Have you traveled in the past few months to any regions affected by COVID-19?
__ YES __ NO

