



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 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 NAME: _____

DATE: _____

Have you been diagnosed positive for the COVID-19 virus at any time? YES ___ NO ___

Are you currently awaiting the results of a COVID-19 test? YES ___ NO ___

Do you have a fever? YES ___ NO ___

Do you have a cough/shortness of breath? YES ___ NO ___

Do you have a sore throat? YES ___ NO ___

Have you lost your sense of taste and/or smell? YES ___ NO ___

Within the last 14 days, have you travelled to any foreign country? YES ___ NO ___

Within the last 14 days, have you travelled within the United States? YES ___ NO ___