

Patient Advisory and Acknowledgment

Receiving Dental Treatment During the COVID-19 Pandemic

Dear Patient:

You have presented to the office today because you have a(n) routine/urgent/emergent dental condition which must be treated at this time and cannot be postponed until the current COVID-19 risk period abates. 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/RESPONSIBLE PARTY

DATE

PLEASE ANSWER "YES" OR "NO" WITH YOUR INITIALS, TO THE FOLLOWING QUESTIONS:

DO YOU HAVE A FEVER (I felt like I had a fever, or my measured temperature was 100

degrees F or higher)?

_____ **YES** _____ **NO**

DO YOU HAVE ANY SHORTNESS OF BREATH ?

_____ **YES** _____ **NO**

DO YOU HAVE A DRY COUGH ?

_____ **YES** _____ **NO**

DID YOU HAVE POSTIVE COVID-19 TEST OR CONTACT WITH SOMEONE DIAGNOSED

WITH COVID-19 ?

_____ **YES** _____ **NO**

DO YOU HAVE ANY OTHER NEW, ATYPICAL SYMPTOM(S)? (e.g.: vomiting/diarrhea/

loss of taste or smell/body ache/repeated shaking with chills)

_____ **YES** _____ **NO**