



Patient Advisory and Acknowledgment

Receiving Dental Treatment during the COVID-19 Pandemic

You have presented to the office today for dental treatment. 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 is symptom-free and, to the best of their knowledge, has 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 are asking 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.

Print Patient's Name:

Signature of Patient or Parent/Guardian if Patient is a Minor

Today's Date

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

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

Are you/they having shortness of breath or other difficulties breathing? YES NO

Do you/they have a cough? YES NO

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

Have you/they experience recent loss of taste or smell? YES NO

Have you tested positive for Covid-19? YES NO

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

Patients who are well but who have a sick family member at home with COVID-19 should consider postponing elective treatment.