

Patient Advisory and Acknowledgment

Receiving Dental Treatment During the SARS-COV-2 Pandemic

Dear Patient:

You have presented to the office today for dental treatment. 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 SARS-COV-2 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 SARS-COV-2, we have asked you several “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? _____Yes _____No

Do you have any shortness of breath? _____Yes _____No

Do you have a dry cough? _____Yes _____No

Do you have any other flu-like symptoms? _____Yes _____No

Have you experienced recent loss of taste or smell? _____Yes _____No

Contact with any confirmed COVID-19 positive people? _____Yes _____No

Within the last 14 days:

Have you travelled to any foreign country? _____Yes _____No

Have you travelled within the US? _____Yes _____No

If so, where? _____