

Patient Advisory and Acknowledgement

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 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 Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Patient/Responsible Party Signature Date

Please answer “Yes” or “No” with your initials, to the following questions:

Do you have a fever? \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

Do you have shortness of breath? \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

Do you have 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

Within the last 14 days:

 Have you traveled to any foreign country? \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

 Have you traveled within the USA? \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

If so, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_