**Patient Advisory and Acknowledgement**

**Receiving Dental Treatment 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 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 have been infected, with or without their knowledge.

**In order to reduce the spreading of 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.**

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Patient / Responsible Party Date

Please answer yes or no with your initials, to the following questions:

Have you knowingly come into contact with anyone with Coronavirus

Anytime in the past 21 days? \_\_\_\_\_yes\_\_\_\_\_no

Are you over 60 years of age? \_\_\_\_\_yes\_\_\_\_\_no

Do you have heart disease, lung disease, kidney disease, diabetes or any

auto-immune disorders? \_\_\_\_\_yes\_\_\_\_\_no

Do you have or have you recently (14-21 days) had a fever? \_\_\_\_\_yes\_\_\_\_\_no

Do you have any shortness of breath? \_\_\_\_\_yes\_\_\_\_\_no

Do you have or have you recently had a cough? \_\_\_\_\_yes\_\_\_\_\_no

Do you have or have you recently had a sore throat? \_\_\_\_\_yes\_\_\_\_\_no

Do you have a runny nose? \_\_\_\_\_yes\_\_\_\_\_no

Are you or have you recently experienced any other flu-like symptoms? \_\_\_\_\_yes\_\_\_\_\_no

Have you experienced a recent loss of taste and/or smell? \_\_\_\_\_yes\_\_\_\_\_no

Within the last 21 days, have you travelled within the United States? \_\_\_\_\_yes\_\_\_\_\_no

Within the last 21 days, have you travelled to a foreign country? \_\_\_\_\_yes\_\_\_\_\_no

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

I confirm these answers are accurate. I further understand that there is some risk of contracting viruses, including COVID-19, by having dental work done today.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_