

Patient Advisory and Acknowledgment

Receiving Dental Treatment During the COVID-19 Pandemic

Dear Patient:

You have come to our office today for a routine dental evaluation and/or treatment that will be done during the COVID-19 pandemic. Please be advised of the following:

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 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 bellow. 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:

- Have you been vaccinated for COVID-19? YES NO
- Have you, or anyone in your household, been diagnosed positive for COVID-19 in the last 14 days? YES NO
- Are you, or anyone in your household, currently awaiting results of a COVID-19 test? YES NO
- Have you, or anyone in your household, been exposed to someone who is diagnosed positive with COVID-19 in the last 10 days? YES NO
- Are you experiencing any flu like symptoms that are unusual for you? YES NO
- Have you lost your sense of taste and/or smell? YES NO
- Within the last 10 days, have you travelled to any Foreign Country? YES NO