

# 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 State Health Department and the CDC infection control guidelines to prevent the spread of the COVID-19 virus, we cannot make any guarantees.*

*The members of 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 are asking all patients to answer the following screening questions. For the safety of our staff, other patients, and yourself, please answer truthfully.

HAVE YOU BEEN AROUND ANYONE WHO HAD COVID-19 WITHIN THE LAST 14 DAYS?	YES	NO
HAVE YOU HAD COVID-19? IF YES, WHEN _____	YES	NO
HAVE YOU HAD A RECENT COVID-19 TEST? IF YES, WHEN _____ RESULT: _____	YES	NO
DO YOU HAVE A FEVER?	YES	NO
ARE YOU FEELING SICK?	YES	NO
DO YOU HAVE A RUNNY NOSE, SORE THOAT, OR COUGH?	YES	NO
HAVE YOU LOST YOUR SENSE OF TASTE AND/OR SMELL?	YES	NO
HAVE YOU BEEN FOLLOWING ALL THE COVID PRECAUTIONS? (MASK WEARING AND SOCIAL DISTANCING)	YES	NO

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Patient Responsible Party

Date