



Patient Advisory and Acknowledgment

Receiving Dental Treatment During the COVID-19 Pandemic

Dear Patient:

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 be infected, with or without their knowledge.

In order to reduce the risk of spreading COVID-19, please answer the "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" TO THE FOLLOWING QUESTIONS:

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Is any family member awaiting the results of a COVID-19 test? | Yes | No |
| Do you or any family member have a fever? | Yes | No |
| Do you or any family member have any shortness of breath? | Yes | No |
| Do you or any family member have a dry cough? | Yes | No |
| Do you or any family member have a runny nose? | Yes | No |
| Do you or any family member have a sore throat? | Yes | No |
| Do you or any family member have sneezing, watery eyes, and/or sinus pain/pressure that is unusual and not related to seasonal allergies? | Yes | No |
| Have you or any family member lost your sense of taste and/or smell? | Yes | No |
| Within the last 14 days, have you or a family member travelled to any foreign country? | Yes | No |
| Within the last 14 days, have you or a family member travelled within the US? | Yes | No |

If so, where?