

## Patient advisory and acknowledgment

### Receiving dental treatment during the COVID-19 Pandemic

Dear Patient,

Protecting our patients, parents and staff is our top priority at all times, during the COVID-19 Pandemic we will be taking additional steps. Before visiting our office for a routine dental evaluation and/or treatment please be advised of the following:

In order to reduce the risk of spreading of COVID-19, we are asking you to answer a number of "screening" questions below on behalf of your child and yourself. For the safety of our staff, other patients, your child and yourself, please be truthful and candid in your answers. If you answer **yes** to any of the following questions, **you will need to call our office before coming for possible rescheduling.**

### Please Answer YES or NO to the following questions:

- Are you currently awaiting the results of a COVID-19 Test? YES \_\_\_\_\_ NO \_\_\_\_\_
- Do you have a fever? YES \_\_\_\_\_ NO \_\_\_\_\_
- Have you experienced headaches, fatigue, or weakness? YES \_\_\_\_\_ NO \_\_\_\_\_
- Have you or your child taken Ibuprofen, Tylenol or any temperature reducing agents in the last 24 hours? YES \_\_\_\_\_ NO \_\_\_\_\_
- Do you have any shortness of breath? YES \_\_\_\_\_ NO \_\_\_\_\_
- Do you have a dry cough? YES \_\_\_\_\_ NO \_\_\_\_\_
- Do you have a runny nose? YES \_\_\_\_\_ NO \_\_\_\_\_
- Do you have sneezing, watery eyes, and or sinus pain/pressure that is unusual and not related to seasonal allergies? YES \_\_\_\_\_ NO \_\_\_\_\_
- Have you lost your sense of taste and/or smell? YES \_\_\_\_\_ NO \_\_\_\_\_
- Within the last 14 days, have you traveled to any foreign country? YES \_\_\_\_\_ NO \_\_\_\_\_
- Within the last 14 days, have you traveled within the USA? YES \_\_\_\_\_ NO \_\_\_\_\_
  - If so, where: \_\_\_\_\_