

# Patient Advisory and Acknowledgment

## Receiving Dental Treatment During the COVID-19 Pandemic

Dear Parent and Patient:

You have presented to the office today because you have a dental condition which must be treated at this time and cannot be postponed until the current COVID-19 risk period abates.

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 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 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**

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**DATE**

**PLEASE CIRCLE "YES" OR "NO" TO THE FOLLOWING QUESTIONS:**

DO YOU HAVE A FEVER?	YES	NO
DO YOU HAVE SHORTNESS OF BREATH?	YES	NO
DO YOU HAVE A DRY COUGH?	YES	NO
DO YOU HAVE A RUNNY NOSE?	YES	NO
DO YOU HAVE A SORE THROAT?	YES	NO
HAVE YOU BEEN IN CONTACT WITH SOMEONE WHO HAS TESTED POSITIVE FOR COVID-19?	YES	NO
HAVE YOU TESTED POSITIVE FOR COVID-19?	YES	NO
HAVE YOU BEEN TESTED FOR COVID-19 AND ARE AWAITING RESULTS?	YES	NO
WITHIN THE LAST 14 DAYS, HAVE YOU TRAVELLED TO ANY FOREIGN COUNTRY?	YES	NO
WITHIN THE LAST 14 DAYS, HAVE YOU TRAVELLED WITHIN THE UNITED STATES?	YES	NO

IF SO, WHERE? \_\_\_\_\_