

Patient Advisory and Acknowledgment

Receiving Dental Treatment During the COVID-19 Pandemic

Dear Patient/ Parent:

You have presented to the office today because your child has dental treatment you wish to have completed at this time, during the current COVID-19 pandemic. 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 you a number of “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

PHONE # _____

PLEASE ANSWER “ YES” OR “ NO” WITH YOUR INITIALS, TO THE FOLLOWING QUESTIONS:

- DO YOU OR YOUR CHILD HAVE A FEVER?** _____ YES _____ NO
- ARE YOU OR YOUR CHILD TAKING ANY FEVER REDUCING MEDICATION SUCH AS
TYLENOL, ASPIRIN, IBUPROFEN, ADVIL, ETC..?** _____ YES _____ NO
- DO YOU OR YOUR CHILD HAVE ANY SHORTNESS OF BREATH?** _____ YES _____ NO
- DO YOU OR YOUR CHILD HAVE A DRY COUGH?** _____ YES _____ NO
- DO YOU OR YOUR CHILD HAVE A RUNNY NOSE , SORE THROAT OR ANY FLU LIKE
SYMPTOMS INCLUDING HEADACHE, FATIGUE OR GASTROINTESTINAL UPSET?** _____ YES _____ NO
- HAVE YOU OR YOUR CHILD BEEN IN CONTACT WITH ANY CONFIRMED COVID-19
PATIENTS?** _____ YES _____ NO
- DOES YOUR CHILD HAVE ANY HEALTH CONCERNS WE SHOULD BE AWARE OF? IF YES,
PLEASE EXPLAIN.** _____ YES _____ NO
