

Patient Advisory and Acknowledgement: Receiving Dental Treatment during the SARS-COV-2 Pandemic

Dear Patient/**Parent**,

You are presenting to our office for dental treatment. While our office complies with the State Health Department and the Center for Disease Control and Prevention's infection control guidelines to prevent the spread of the SARS-COV-2 virus, **we cannot make any guarantees.**

Our staff are symptom-free and, to the best of our 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.

To reduce the risk of spreading SARS-COV-2, please answer the following screening questions below. For the safety of our staff, other patients, and yourself, **please be truthful and candid in your answers.**

Patient's/Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Regarding the patient (your child)</b>	<b>Yes</b>	<b>No</b>
Are you currently awaiting the results of a COVID-19 test?		
Are you in contact with any confirmed COVID-19 positive patients?		
Do you have a fever?		
Do you have any shortness of breath?		
Do you have a dry cough?		
Do you have a runny nose?		
Do you have a sore throat?		
Do you have sneezing, watery eyes, and/or sinus pain/pressure that are unusual and not related to seasonal allergies?		
Are you experiencing headaches, fatigue or weakness?		
Have you lost your sense of taste and/or smell?		
Within the last 14 days, have you traveled outside of the DMV area?		

For office use only -> **Temperatures:**