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

Dear Patient:

You have presented to the office today for dental treatment. While our office complies with the State Health Department and the Centers for Disease Control and Prevention 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 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 SARS-COV-2, we have asked you several "screening" questions below. For the safety of our staff, other patients, and yourself, please be truthful and candid in your answers.

I am aware of the increased infection control *cost of $20* per appointment during this pandemic. I will also report any signs or symptoms of COVID-19 within the next 14 days following this appointment.

_____ _____

Patient/Responsible Party Signature Date

Please Answer "Yes" or "No" to the following questions:

Do you have a fever?
Do you have any shortness of breath?
Do you have a dry cough?
Do you have any other flu-like symptoms?
Have you experienced recent loss of taste or smell?
Have you been in close contact with anyone who has travelled outside the United States?
Contact with any confirmed COVID-19 positive people?
Within the last 14 days:

Have you travelled to any foreign country?
Have you travelled within the United States?

If so, where? _____