

**Patient Advisory and Acknowledgment**  
Receiving Dental Treatment During the COVID-19 Pandemic

Dear Patient:

You have presented to the office today because you have an urgent dental condition that 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 the 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.

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**PATIENT/RESPONSIBLE PARTY**

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**DATE**

**PLEASE ANSWER WITH "YES" OR "NO" WITH YOUR INITIALS, TO THE FOLLOWING QUESTIONS:**

- DO YOU HAVE A FEVER? \_\_\_\_ YES \_\_\_\_ NO
- DO YOU HAVE ANY SHORTNESS OF BREATH? \_\_\_\_ YES \_\_\_\_ NO
- DO YOU HAVE A DRY COUGH? \_\_\_\_ YES \_\_\_\_ NO
- DO YOU HAVE A SORE THROAT? \_\_\_\_ YES \_\_\_\_ NO
- WITHIN THE LAST 14 DAYS, HAVE YOU TRAVELED TO ANY FOREIGN COUNTRY \_\_\_\_ YES \_\_\_\_ NO
- WITHIN THE LAST 30 DAYS, HAVE YOU TRAVELED WITHIN THE US? \_\_\_\_ YES \_\_\_\_ NO
- IF SO WHERE? \_\_\_\_\_