

# Patient Advisory and Acknowledgment

## 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.

\_\_\_\_\_  
Patient/Responsible Party

\_\_\_\_\_  
Date

Please answer “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 any other flu-like symptoms?             | _____ Yes | _____ No |
| Have you experienced recent loss of taste or smell?  | _____ Yes | _____ No |
| Contact with any confirmed COVID-19 positive people? | _____ Yes | _____ No |