

Patient Advisory and Acknowledgement

Receiving Dental Treatment During the COVID-19 Pandemic

Dear Patient:

We welcome you for your office visit today for dental treatment. 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.

There will be a COVID-19 PPE Infection Control fee of \$15.00 collected at each visit. This fee cannot be submitted to insurance.

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

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 a runny nose? _____ 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 14 days, have you traveled within the United States? _____ Yes _____ No

If so, where? _____