**Patient Advisory and Acknowledgement**

Receiving Dental Treatment During the COVID-19 pandemic

Dear\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You have presented to the office today for an appointment with Dr. Carpio. Please be advised that while our office complies with State Health Department and Centers for Disease Control and Prevention with 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 our patients) could be infected, with or without their knowledge. In order to reduce the risk of spreading COVID-19, we are asking the screening questions below and we ask that you be truthful and candid in your answers.

In the past month have you experienced:

1. A fever or flu-like symptoms? YES NO

2.Shortness of breath? YES NO

3.Dry cough or sore throat? YES NO

4.Runny nose? YES NO

5.Notice a change/loss of taste or smell? YES NO

6.pink eye or conjunctivitis? YES NO

7.Have you been COVID-19 positive or being with someone who has? YES NO

8.Have you travelled to any foreign country? YES NO

if so, where\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9.Have you travelled within the United States? YES NO

if so, where\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10.Have you visited a hospital? YES NO

11.Have you visited an Assisted living or Senior Center? YES NO

12.Have you been in a gathering of more than 10 people? YES NO

**PATIENT/RESPONSIBLE PARTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_**