



PATIENT ADVISORY AND ACKNOWLEDGMENT

Receiving Dental Treatment During Covid-19 Pandemic

Name: _____ 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.

- 1. Are you COVID vaccinated? YES NO
- 2. Have you had the Booster COVID vaccine? YES NO

In the past 4 weeks:

Have you been COVID POSITIVE? YES NO

In the past 2 weeks:

- 1. Have you experienced fever, cough, flu-like symptoms, shortness of breath? YES NO
- 2. Have you experienced a change or loss of taste? YES NO
- 3. Have you had pink eye or conjunctivitis? YES NO
- 4. Have you been COVID-19 Positive or being in contact with someone who has? YES NO
- 5. Have you visited a hospital, assisted living or Senior Center? YES NO
- 6. Have you traveled within US or a foreign country? Where?: _____ YES NO

PATIENT/Responsible Party Signature: _____