



**Patient Advisory and Acknowledgement  
Receiving Dental Treatment During the SARS-COV-2 Pandemic**

Dear Patient/Parent,

You are presenting to our office 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, please answer the following screening questions below. For the safety of our staff, other patients, and yourself, please be truthful and candid in your answers.

└ *I have read and understand the “No Show and Cancellation Policy”*

Parent/Guardian Name: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_

<i>For Office Use Only</i> Child’s Temperature: Parent’s Temperature:
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Child’s Name: \_\_\_\_\_

<b>Regarding the patient (your child):</b>	No	Yes
Are you currently awaiting the results of a COVID-19 test?		
Are you in contact with any confirmed COVID-19 positive patients?		
Do you have a fever?		
Do you have any shortness of breath?		
Do you have a dry cough?		
Do you have a runny nose?		
Do you have a sore throat?		
Do you have sneezing, watery eyes, and/or sinus pain/pressure that is unusual and not related to seasonal allergies?		
Have you experienced headaches, fatigue, or weakness?		
Have you lost your sense of taste and/or smell?		
Within the last 14 days, have you travelled to any regions affected by COVID-19?		If yes, where?