



Patient Advisory and Acknowledgment

Receiving Dental Treatment During the COVID-19 Pandemic

Dear Patient:

You have come to our office today for a routine dental evaluation and/or treatment that will be done during the COVID-19 pandemic. Please advised of the following:

While our office complies with the Ohio Department of Health, Centers for Disease Control and Prevention, and Ohio State Dental Board infection control guidelines to prevent the spread of COVID-19 virus, we cannot make any guarantees.

Our staff members 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 truthful and candid in your answers.

- Are you in contact with any confirmed COVID-19 patients? YES NO
- Are you currently awaiting the results of a COVID-19 test? YES NO
- Do you have a fever or have felt feverish in the past 14 days? YES NO
- Do you have any difficulty breathing/shortness of breath? YES NO
- Do you have a cough? YES NO
- Do you have a runny nose? YES NO
- Do you have a sore throat? YES NO
- Do you have sneezing, watery eyes, or sinus pain/pressure that is unusual and not related to seasonal allergies? YES NO
- Have you experienced headaches, fatigue, weakness, or GI upset? YES NO
- Have you lost your sense of taste and/or smell? YES NO
- Do you have heart disease, lung disease, kidney disease, diabetes, or any auto-immune disorders? YES NO
- Within the last 14 days, have you travelled out of state? YES NO
- If so, where? _____

Patient name

Signature

Date

In-Office Temperature reading: _____ °F