



Patient Advisory and Acknowledgment Receiving Dental Treatment During the COVID-19 Pandemic

Patient(s) Name: _____

You have presented to the office today because your child has a dental appointment during a pandemic. 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.

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.

PLEASE CIRCLE “YES” OR “NO” TO THE FOLLOWING QUESTIONS:

HAVE YOU OR ANYONE IN YOUR HOUSEHOLD BEEN DIAGNOSED WITH COVID-19? YES NO IF YES WHO _____

HAVE YOU OR ANYONE IN YOUR HOUSEHOLD TESTED POSITIVE FOR COVID-19? YES NO IF YES WHO _____

ARE YOU OR ANYONE IN YOUR HOUSEHOLD CURRENTLY AWAITING THE RESULTS OF A COVID-19 TEST? YES NO WHO _____

HAVE YOU OR ANYONE IN YOUR HOUSEHOLD BEEN EXPOSED TO SOMEONE WITH COVID-19? YES NO IF YES WHO _____

DO YOU/PATIENT HAVE A FEVER? YES NO

DO YOU/PATIENT HAVE ANY SHORTNESS OF BREATH? YES NO

DO YOU/PATIENT HAVE A DRY COUGH? YES NO

DO YOU/PATIENT HAVE A RUNNY NOSE? YES NO

DO YOU/PATIENT HAVE A SORE THROAT? YES NO

HAVE YOU/FAMILY MEMBER LOST YOUR TASTE AND/OR SMELL? YES NO

WITHIN THE LAST 14 DAYS, HAS ANYONE IN YOUR HOUSEHOLD TRAVELLED TO ANY FOREIGN COUNTRY? YES NO IF YES WHERE _____

WITHIN THE LAST 14 DAYS, HAS ANYONE IN YOUR FAMILY TRAVELLED WITHIN THE UNITED STATES? YES NO IF YES WHERE _____

SIGNATURE PARENT/GUARDIAN: _____

Protecting your kid's smile!
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