



## 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 IN THE LAST 2 WEEKS?	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	
HAVE YOU/FAMILY MEMBER LOST YOUR TASTE AND/OR SMELL?	YES	NO	

**SIGNATURE PARENT/GUARDIAN:** \_\_\_\_\_

Protecting your kid's smile!  
21590 Center Ridge Road ♦ Rocky River, OH 44116  
Phone: 440-333-4623 ♦ Fax: 440-333-4690