

# Patient Advisory and Acknowledgment

## Receiving Dental Treatment During the COVID-19 Pandemic



**H & N Dental Care**  
Give You A Reason To Smile

Dear Patient:

You have come to our office for a routine dental evaluation and treatment that will be done during the COVID-19 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 COVID19 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 on the next page. For the safety of our staff, other patients, and yourself, please be truthful and candid in your answers.

\_\_\_\_\_  
*PATIENT/RESPONSIBLE PARTY (PRINT)*

\_\_\_\_\_  
*PATIENT/RESPONSIBLE PARTY (SIGNATURE)*

\_\_\_\_\_  
*DATE*

### PLEASE ANSWER “YES” OR “NO” WITH YOUR INITIALS, TO THE FOLLOWING QUESTIONS:

- ARE YOU CURRENTLY AWAITING THE RESULTS OF COVID-19 TEST?      \_\_\_\_\_ YES      \_\_\_\_\_ NO
- DO YOU HAVE A FEVER?      \_\_\_\_\_ YES      \_\_\_\_\_ NO
- DO YOU HAVE ANY SHORTNESS OF BREATH?      \_\_\_\_\_ YES      \_\_\_\_\_ NO
- DO YOU HAVE A DRY 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, AND/OR SINUS PAIN/PRESSURE THAT IS UNUSUAL AND NOT RELATED TO SEASONAL ALLERGIES?      \_\_\_\_\_ YES      \_\_\_\_\_ NO
- HAVE YOU EXPERIENCED HEADACHES, FATIGUE, OR WEAKNESS?      \_\_\_\_\_ YES      \_\_\_\_\_ NO
- HAVE YOU LOST YOUR SENSE OF TASTE AND/OR SMELL?      \_\_\_\_\_ YES      \_\_\_\_\_ NO
- WITHIN THE LAST 14 DAYS, HAVE YOU TRAVELLED TO ANY FOREIGN COUNTRY?      \_\_\_\_\_ YES      \_\_\_\_\_ NO
- WITHIN THE LAST 14 DAYS, HAVE YOU TRAVELLED WITHIN THE UNITED STATES?      \_\_\_\_\_ YES      \_\_\_\_\_ NO

IF SO, WHERE?

\_\_\_\_\_