

Patient Name: _____ Ted Loiben, D.D.S. Pediatric Dentist, Ltd.

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

Dear Patient/Parent (for patients under 18 years old):

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

While our office complies with The Centers for Disease Control and Prevention guidelines and the American Dental Association 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 in a place of public accommodation, other persons (including other patients and parents) 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.

PATIENT/RESPONSIBLE PARTY

DATE

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

	(your initials)	
ARE YOU CURRENTLY AWAITING THE RESULTS OF A COVID-19 TEST?	_____ YES	_____ NO
DO YOU NOW OR HAVE YOU RECENTLY HAD A FEVER?	_____ YES	_____ NO
DO YOU HAVE SHORTNESS OF BREATH?	_____ YES	_____ NO
DO YOU HAVE A SORE THROAT OR DRY COUGH?	_____ YES	_____ NO
DO YOU HAVE A RUNNY NOSE?	_____ 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 BEEN EXPERIENCING HEADACHES, FATIGUE OR WEAKNESS?	_____ YES	_____ NO
HAVE YOU LOST YOUR SENSE OF TASTE AND/OR SMELL?	_____ YES	_____ NO
ARE YOU/YOUR FAMILY MEMBERS IN CONTACT WITH ANY CONFIRMED COVID-19 POSITIVE PATIENTS?	_____ 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?	_____	