



Patient Advisory and Acknowledgment

Receiving Dental Treatment During the COVID-19 Pandemic

We comply with Illinois State Health Department and the CDC infection control guidelines to help prevent the spread of the COVID-19 virus. Our staff are symptom-free and, to the best of their knowledge, have not been exposed to the virus. Other patients entering this facility are also symptom-free and claim to not have been in contact with any known infected person for the past 14 days.

In order to reduce the risk of spreading COVID-19, we need you to answer "screening" questions.

Please answer "YES" or "NO". If you are a guardian answer for yourself and the patient.

- 1) Do you have a fever or chills within the last 3 to 4 days? YES NO
2) Do you have shortness of breath or difficulty breathing? YES NO
3) Do you have a cough? YES NO
4) Do you have other flu-like symptoms: fatigue, headache, gastrointestinal upset? YES NO
5) Do you have recent loss of taste or smell? YES NO
6) Have you or anyone in your household ever tested POSITIVE for Covid-19? YES NO
7) Do you have heart disease, lung disease, kidney disease, diabetes or... Any auto-immune disorders? YES NO
8) To the best of your knowledge have you been in contact with anyone With COVID-19 in the last 14 days? YES NO

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Temperature: \_\_\_\_\_

I agree to inform the office if I develop any of these symptoms or test positive for COVID-19 within the next week.