



# Patient Advisory & Acknowledgment for Receiving Dental Treatment During the COVID-19 Pandemic

Dear Patient:

Please be advised that 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.

For the safety of our staff, other patients, and yourself, please be truthful and candid in your answers.

These questions apply to your child and the person accompanying your child to the appointment.

1. Have you or child been exposed to a person with COVID-19?	Yes	No
If Yes, Does the person live in your household? Yes No and how long ago? _____		
2. Do you or your child have a fever?	Yes	No
3. Do you or your child have any shortness of breath?	Yes	No
4. Do you or your child have a cough?	Yes	No
5. Do you or your child have a runny nose?	Yes	No
6. Do you or your child have a sore throat?	Yes	No
7. Do you or your child have severe headaches?	Yes	No
8. Do you or your child feel weak?	Yes	No
9. Do you or your child have loss of smell or taste?	Yes	No
10. Have you or your child experienced diarrhea/vomiting/abdominal pain?	Yes	No
11. Do you or your child have a respiratory illness?	Yes	No
12. Do you or your child have a rash?	Yes	No
13. Within the last 14 days, have you or your child traveled?	Yes	No

If you answer yes at 12, where? \_\_\_\_\_

Patient's name: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

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