

# Patient Advisory and Acknowledgment

## Receiving Dental Treatment During the COVID-19 Pandemic

Dear Patient:

You have presented to the office today because you have an urgent dental condition which must be treated at this time and cannot be postponed until the current COVID-19 risk period abates. Please be advised of the following:

While Belknap Dental Associates 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.**

\_\_\_\_\_  
PATIENT/RESPONSIBLE PARTY

\_\_\_\_\_  
DATE

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

- DO YOU HAVE A FEVER? \_\_\_\_\_ YES \_\_\_\_\_ NO
- DO YOU HAVE ANY PAIN IN CHEST OR SHORTNESS OF BREATH? \_\_\_\_\_ YES \_\_\_\_\_ NO
- DO YOU HAVE A DRY COUGH? \_\_\_\_\_ YES \_\_\_\_\_ NO
- HAVE YOU LOST ANY SENSE OF TASTE OR SMELL? \_\_\_\_\_ YES \_\_\_\_\_ NO
- DO YOU HAVE A SORE THROAT OR RUNNY NOSE? \_\_\_\_\_ YES \_\_\_\_\_ NO
- HAVE YOU BEEN IN CONTACT WITH ANYONE WITH COVID-19 SYMPTOMS? \_\_\_\_\_ YES \_\_\_\_\_ NO
- HAVE YOU TRAVELLED WITHIN THE US OR TO ANY FOREIGN COUNTRY? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF SO, WHERE? \_\_\_\_\_

For Belknap Dental Documentation:

**TEMPERATURE REPORTED** \_\_\_\_\_ **STAFF INITIALS** \_\_\_\_\_