

Oldroyd Family Dentistry Patient Advisory and Acknowledgement

Receiving Dental Treatment During the COVID-19 Pandemic

Dear Patient:

While our office complies with the 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. By signing below you are consenting to dental treatment, knowing the risks of COVID-19.

Patient/Responsible Party _____ Date _____

PLEASE CIRCLE “YES” OR “NO” TO THE FOLLOWING QUESTIONS:

- Have you or anyone in your household been tested for COVID-19? YES NO
- Do you have a fever or have had a fever in the last 14 days? 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
- Within the last 14 days have you travelled to any foreign country? YES NO
 - If so, where?
- Within the last 14 days have you travelled within the United States? YES NO
 - If so, where?