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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 our office complies with the Pennsylvania State Health Department and Centers for Disease Control and Prevention infection control guidelines to prevent the spread of the COVID-19 virus, we cannot make any guarantees.
- All members of 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, the 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.

ANSWER WITH YOUR INITIALS IN THE ANSWER COLUMN:		YES	NO
1.	Have you or any member of your household had a fever in the past 14 days?		
2.	Do you or any member of your household have any shortness of breath?		
3.	Do you or any member of your household have a dry cough?		
4.	Have you or any member of your household had any loss of taste or smell?		
5.	Do you have a runny nose?		
6.	Do you have a sore throat?		
7.	Have you or any member of your household traveled outside of Pennsylvania?		
8.	Are you or any member of your household an essential worker? If YES what is your profession:		
9.	Have your or any member of you household attended a large event or gathering in the past 14 days?		
10.	Have you or any member of your household been exposed to anyone who has tested COVID-19 positive in the last 14 days?		
11.	Have you and every member of your household followed the PA "Safe-At-Home" guidelines for the past 14 days?		
12.	Do you have uncontrolled dental or oral pain, infection, swelling or bleeding or trauma to your mouth?		

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Patient/Responsible Party Signature Date