

**Severn Pediatric Dentistry**  
**Patient Advisory and Acknowledgment Receiving Dental Treatment**  
**During the COVID-19 Pandemic**

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

An accompanying Guardian's name: \_\_\_\_\_

Dear Patient and Guardian:

You have come to our office today for a routine dental evaluation and/or treatment that will be done during the COVID-19 pandemic. Please be advised of the following:

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.

**PATIENT/RESPONSIBLE PARTY**

**DATE**

\_\_\_\_\_

\_\_\_\_\_

**PLEASE CIRCLE "YES" OR "NO" WITH YOUR INITIALS, TO THE FOLLOWING:**

ARE YOU CURRENTLY AWAITING THE RESULTS OF A COVID-19 TEST?	YES	/	NO
DO YOU HAVE A FEVER?	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

DO YOU HAVE SNEEZING, WATERY EYES, AND/OR SINUS  
PRESSURE THAT IS UNUSUAL AND NOT RELATED TO SEASONAL ALLERGIES? YES / NO

HAVE YOU EXPERIENCED HEADACHES, FATIGUE, OR WEAKNESS? YES / NO

HAVE YOU LOST YOUR SENSE OF TASTE AND/OR SMELL? YES / NO

WITHIN THE LAST 14 DAYS, HAVE YOU TRAVELLED TO ANY FOREIGN COUNTRY? YES / NO

WITHIN THE LAST 14 DAYS, HAVE YOU TRAVELLED WITHIN THE UNITED STATES? YES / NO

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

Please  to acknowledge the following:

TO ASSIST IN A CONTACT TRACING, I WILL NOTIFY THE SEVERN PEDIATRIC  
DENTISTRY IF ANY SIGNS AND SYMPTOMS OF COVID19 DEVELOPED OVER THE NEXT 2-14  
DAYS AS RECOMMENDED BY AMERICAN DENTAL ASSOCIATION.