

SUTTON PARK DENTAL CENTRE

Do you have any of the following symptoms?

High temperature or fever? New, continuous cough? A loss or alteration to taste or smell?

Have you, or any member of your household/ family had a confirmed diagnosis of COVID-19 in the last 10 days?

Are you, or any member of your household/ family waiting for a COVID-19/ SARS-COV-2 PCR test result?

Have you travelled internationally in the last 10 days?

Have you or any member of your household/ family been advised to isolate by any NHS organisation in the last 10 days?