Patient Advisory and Acknowledgment Receiving Dental Treatment During the SARS-COV-2 Pandemic

COVID-19 is an infectious virus that currently has no direct treatment and for which there is no current vaccine. While we have taken reasonable steps to limit the potential for transmission of COVID-19 in our office, you agree that you understand transmission of COVID-19 is still possible.

 By necessity, dentistry requires that our staff and health care providers be within 6 feet of you and will need to touch you and, potentially, your personal objects. You understand that person-to-person contact may increase the chance of COVID-19 transmission. It may be necessary that you quarantine and/or take other steps in the event it is determined that you may have been exposed to COVID-19.

 You further understand that recommendations and guidelines regarding COVID-19 are subject to modification.

 I have been given the opportunity to ask questions and all my questions have been answered.

 I have read and understand the information stated above:

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Patient/Responsible Party Date

Please check all that apply to you

**(Please call us prior to visiting our office if you are reviewing this form online and have answered “Yes” to any of the following.)**

 Yes / No Experiencing a fever.

Yes / No Experiencing a dry cough.

Yes / No Experiencing shortness of breath.

Yes/ No. Sore Throat

Yes / No Experiencing chills or flu-like symptoms (Shaking, Muscle Pain).

Yes / No Been exposed to the flu, cold or COVID-19 (Coronavirus).

Yes / No Been in recent close contact with someone who has been ill &/or

 Tested positive for COVID-19.

Yes / No Been tested for COVID-19 & are waiting results.

Yes / No. Experiencing recent loss or reduction of taste or smell

Yes / No Traveled outside of the United States within the past 14 days.

Yes / No Travelled around Virginia or United States within the past 14 days.

Please describe any “Yes” answers:

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