



American Family Dental Care
Implant Center
Family and Cosmetic Dentistry

Patient Advisory and Acknowledgement

Receiving Dental Treatment During the COVID-19 pandemic

Name: _____ Date: _____ Temperature _____

Please be advised that while our office complies with the State Health Department and Centers for Disease Control and Prevention with 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 our patients) could be infected, with or without their knowledge. In order to reduce the risk of spreading COVID-19, we are asking the screening questions below and we ask that you be truthful and candid in your answers.

In the past month have you experienced:

1. A fever or flu-like symptoms?
2. Shortness of breath?
3. Dry cough or sore throat?
4. Runny nose?
5. Notice a change/loss of taste or smell?
6. Pink eye or conjunctivitis?
7. Have you been COVID-19 positive or being with someone who has?
8. Have you travelled to any foreign country?
if so, where _____
9. Have you travelled within the United States?
if so, where _____
10. Have you visited a hospital?
11. Have you visited an Assisted living or Senior Center?

PATIENT/RESPONSIBLE PARTY: _____ DATE: _____