

Patient Advisory and Acknowledgment

Receiving Dental Treatment During the COVID-19 Pandemic

Patient Name: _____

Due to the current COVID-19 pandemic, please be advised of the following:

While our office complies with the Texas State Board of Dental Examiners 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.

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

Have you tested positive for COVID-19? _____ YES _____ NO

Have you been tested for COVID-19 and are awaiting results? _____ YES _____ NO

Do you have any of the following respiratory symptoms?

*Fever, Sore Throat, Cough, Shortness of Breath? _____ YES _____ NO

Have you recently lost your sense of smell or taste? _____ YES _____ NO

Do you have any of the following GI symptoms?

*Diarrhea, Nausea? _____ YES _____ NO

Have you experienced any of the above symptoms in the last 14 days? _____ YES _____ NO

Have you been in contact with someone who tested positive to COVID-19

In the last 14 days? _____ YES _____ NO

Have you traveled by air, bus, train, or cruise ship in the past 3 days? _____ YES _____ NO

TEMPERATURE _____

In addition to the above, you are aware that some patients are considered to be at high risk during this current pandemic? Those patients are:

- ≥ 65 years old
- Chronic lung disease
- Serious heart conditions
- Diabetes
- Liver disease
- Immunocompromised (cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, prolonged use of corticosteroids and other immune weakening medications)
- Live in a nursing home or long-term care facility
- Moderate-to-Severe asthma
- Severe obesity (BMI ≥ 40)
- Chronic kidney disease undergoing dialysis

Given the above information, by signing below you are consenting to treatment today at The Hill Dental Group.

Patient/Responsible Party

Date