Rydell FAMILY DENTAL

Patient Appointment Prescreening Form
Advisory and Acknowledgement Regarding Receiving Dental Treatment During the COVID-19 Pandemic

Patient Name: _____ Age: _____

Pre-Existing Conditions: _____ HH: _____

QUESTIONS	PRE-APPOINTMENT		IN-OFFICE	
	DATE:		DATE:	
In the past 2 weeks have you had a new onset of fever, cough, shortness of breath, sore throat, chills, muscle aches, or loss of taste or smell?	yes	no	yes	no
In the past 2 weeks have you had a new or worsening runny nose, nasal congestion, headache, or nausea/vomiting/diarrhea that is not related to a chronic condition or seasonal allergies?	yes	no	yes	no
Have you been tested for COVID-19 in the past 2 weeks?	yes	no	yes	no
Have you been asked to quarantine or been exposed to a person who has been confirmed positive for COVID-19 in the past 2 weeks?	yes	no	yes	no
Will someone be accompanying you to this appointment?	yes	no		

Dear Patient:
You have presented to the office today because you have a dental appointment during the current COVID-19 risk period. Please be advised of the following:

While our office complies with 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 above. For the safety of our staff, other patients, and yourself, please be truthful and candid in your answers. If you are diagnosed with COVID-19 in the next 14 days please contact our office so we can institute the proper protocols to ensure patient safety.

_____ _____ _____
Patient/Responsible Party Temperature Date:

Filled out by: Date:3 /5/2021