



Patient Advisory and Acknowledgment Receiving Dental Treatment During the COVID-19 Pandemic

Dear Valued Walde Miller Orthodontic Specialists Patient:

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. However, because of the measures we are implementing, our office is safer than most other places of public accommodation.

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 below. For the safety of our staff, other patients, and yourself, please be truthful and candid in your answers.

Patient Name (Please Print)

Patient/Responsible Party Signature

Date

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

**HAVE YOU OR AN IMMEDIATE FAMILY MEMBER BEEN SICK OR HAVE HAD A FEVER
IN THE PAST 14 DAYS?**

YES _____ NO _____

DO YOU HAVE A FEVER NOW?

YES _____ NO _____

DO YOU HAVE ANY SHORTNESS OF BREATH?

YES _____ NO _____

DO YOU HAVE A DRY COUGH?

YES _____ NO _____

DO YOU HAVE A RUNNY NOSE?

YES _____ NO _____

DO YOU HAVE A SORE THROAT OR OTHER FLU LIKE SYMPTOMS?

YES _____ NO _____

HAVE YOU BEEN IN CONTACT WITH ANY CONFIRMED COVID-19 POSITIVE PATIENTS?

YES _____ NO _____

**WITHIN THE LAST 14 DAYS, HAVE YOU, OR ANYONE IN YOUR HOUSEHOLD, TRAVELLED
TO ANY FOREIGN COUNTRY OR REGIONS IN THE U.S. AFFECTED BY COVID-19?**

YES _____ NO _____

IF SO, WHERE _____