

Patient Advisory and Screening Form

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While our office complies with infection control guidelines of the American Dental Association (ADA), the U.S. Centers for Disease Control and Prevention (CDC), Occupational Safety and Health Administration (OSHA), the State of Connecticut Department of Public Health and follows strict disinfection protocols to limit the transmission of communicable diseases, including COVID-19 (or coronavirus), it is still possible that these precautions will not always be fully successful in blocking the transmission of such diseases. By presenting yourself for dental treatment and because you were in a place of public accommodation, you assume and accept the risk that you may be inadvertently exposed to a communicable disease.

In order to reduce the risk of spreading COVID-19, please answer the screening questions below. For the safety of yourself, our staff and other patients, please answer truthfully.

Patient Name:

	Pre-Appointment	In-Office
	Date: _____	Date: _____
Do you have or have you had a fever in the past 14-21 days?	Yes: _____ No: _____	Yes: _____ No: _____
Do you have any shortness of breath or difficulties breathing?	Yes: _____ No: _____	Yes: _____ No: _____
Do you have a dry cough?	Yes: _____ No: _____	Yes: _____ No: _____
Do you have any other flu-like symptoms such as gastrointestinal upset, headache or fatigue?	Yes: _____ No: _____	Yes: _____ No: _____
Have you experienced recent loss of taste or smell?	Yes: _____ No: _____	Yes: _____ No: _____
Have you been in contact with anyone diagnosed or tested positive with COVID-19?	Yes: _____ No: _____	Yes: _____ No: _____
Have you traveled in the past 14 days to a region affected by COVID-19?	Yes: _____ No: _____ If yes, where? _____	Yes: _____ No: _____

Positive responses to any of the above questions will indicate a deeper discussion with the dentist and/or require rescheduling elective treatment.

Patient/Guardian Signature: _____ **Date:** _____

*Please bring the completed and signed form to your appointment. You may also fax it to (203) 323-9098 or email to info@roshdental.com.