

# Speedway Pediatric Dentistry

## Patient Advisory and Acknowledgment

### Receiving Dental Treatment During the COVID-19 Pandemic

Dear Valued Family:

You have presented to the office today to receive dental treatment during the COVID-19 Pandemic. Our office has followed CDC, ADA and IDA recommendations to provide the safest possible environment for your family and our staff. 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.
- To the best of our knowledge, our staff are symptom-free and 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.
- We ask that you respect social distancing protocols (>6 ft from other patients) and require that you wear a mask if you plan to enter the office. Failure to comply may result in dismissal from the office.

In order to reduce the risk of spreading COVID 19, we have asked you to complete number of "screening" questions below on the day of your appointment. For the safety of our staff, other patients, and yourself, please be truthful and candid in your answers.

\_\_\_\_\_  
Patient- YOUR CHILD/CHILDRE / Responsible party- YOUR NAME

\_\_\_\_\_  
DATE

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

DOES ANYONE IN YOUR FAMILY HAVE A FEVER (>100.4 °F) ?	_____ YES	_____ NO
DOES ANYONE IN YOUR FAMILY HAVE ANY SHORTNESS OF BREATH?	_____ YES	_____ NO
DOES ANYONE IN YOUR FAMILY HAVE A DRY COUGH?	_____ YES	_____ NO
DOES ANYONE IN YOUR FAMILY HAVE A RUNNY NOSE?	_____ YES	_____ NO
DOES ANYONE IN YOUR FAMILY HAVE A SORE THROAT ?	_____ YES	_____ NO
WITHIN THE LAST 14 DAYS, HAVE YOU TRAVELLED TO ANY FOREIGN COUNTRY ?	_____ YES	_____ NO
WITHIN THE LAST 14 DAYS, HAVE YOU TRAVELLED WITHIN THE UNITED STATES?	_____ YES	_____ NO

IF SO, WHERE? \_\_\_\_\_

**PLEASE BRING THIS COMPLETED FORM TO YOUR SCHEDULED APPOINTMENT OR EMAIL TO MARKKAHNDDS@GMAIL.COM**

FOR STAFF USE ONLY: CHILD NAME:

TEMP IN °F: