MOKTAN DENTAL CARE

COVID-19 Pre-Screening Form

Patient Advisory and Acknowledgment

Receiving Dental Treatment During The COVID-19 Pandemic

Dear Patient:

You have come to our office today for a routine dental evaluation and/or treatment that will be done during the COVID-19 pandemic. 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 below. For the safety of our staff, other patients, and yourself, please be truthful and candid in your answers.

Patient Name _____ Date_____

Patient Signature _____

PLEASE ANSWER "YES" OR "NO" WITH YOUR INITIALS, TO THE FOLLOWING QUESTIONS:				
ARE YOU CURRENTLY AWAITING THE RESULTS OF A COVID-19 TEST?		YES		NO
DO YOU HAVE A FEVER?		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?		YES		NO
DO YOU HAVE SNEEZING, WATERY EYES, AND/OR SINUS PAIN/PRESSURE THAT IS UNUSUAL AND NOT RELATED TO SEASONAL ALLERGIES?		YES		NO
HAVE YOU EXPERIENCED HEADACHES, FATIGUE, OR WEAKNESS?		YES		NO
HAVE YOU LOST YOUR SENSE OF TASTE AND/OR SMELL?		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? _____				

105 Coeway Lane, Exton, PA 19341 Phone (610) 363-7550 Fax (610) 363-7551