

Patient Name:

PRE-APPOINTMENT

IN-OFFICE

Date:

Date:

Do you/they have fever or have you/they felt hot or feverish recently

Yes No

Yes No

(14-21 days)?

Are you/they having shortness of breath or other difficulties breathing?

Yes No

Yes No

Do you/they have a cough?

Yes No

Yes No

Any other flu-like symptoms, such as gastrointestinal upset, headache or fatigue?

Yes No

Yes No

Have you/they experienced recent loss of taste or smell?

Yes No

Yes No

Are you/they in contact with any confirmed COVID-19 positive patients? *Patients who are well but who have a sick family member at home with COVID-19 should consider postponing elective treatment.*

Yes No

Yes No

Is your/their age over 60?

Yes No

Yes No

Do you/they have heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders?

Yes No

Yes No

Have you/they traveled in the past 14 days to any regions affected by COVID-19? (as relevant to your location)

Yes No

Yes No

Positive responses to any of these would likely indicate a deeper discussion with the dentist before proceeding with elective dental treatment.

For testing, see the list of State and Territorial Health Department Websites for your specific area's information.



- 2 days before your appointment please complete the pre-appointment questionnaire
 - At your appointment we will ask same questions as in the pre-appointment questionnaire

 - Temperature will be taken
 - **MASK MUST BE WORN**

 - We will also ask that you wash your hands
 - 4 days after appointment we will call to see how you are feeling
- Call 781-326-0235 if you need to reschedule