

PATIENT SAFETY ADVISORY & ACKNOWLEDGMENT

RECEIVING ORAL & FACIAL SURGERY TREATMENT DURING COVID-19 PANDEMIC

Hello! Welcome to Arbor View Oral & Facial Surgery

You've presented to the office today because you have an urgent condition which must be treated at this time and cannot be postponed until COVID-19 risk period abates. Please be advised of the following:

While our office complies with State Health Department and the Center 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're a place of public accommodation, other persons (including other patients) could be infected, with or without their knowledge.

To reduce the risk of spreading COVID-19, please answer the following screening questions truthfully for the protection of our staff, other patients and yourself:

Patient name _____

Date _____

Please answer these questions with your initials on the [blue line](#)

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 SENSE OF TASTE AND/OR SMELL? _____ YES _____ NO

WITHIN THE LAST 14 DAYS, HAVE YOU TRAVELED TO ANY FOREIGN COUNTRIES?
IF YES, WHERE? _____

WITHIN THE LAST 14 DAYS, HAVE YOU TRAVELED WITHIN THE UNITED STATES?
IF YES, WHERE? _____