

QC DENTAL DOCS, P.C.

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COVID-19 SCREENING FORM – Updated 5/5/2020

Positive responses to any of these would likely indicate a deeper discussion with the dentist before proceeding with elective dental treatment, please contact our office immediately to let your doctor know. By proceeding with the check-in and/or confirmation process beyond this point you are agreeing to negative answers to all of the questions below.

1. Do you have fever or have you/they felt hot or feverish recently (14-21 days)?
2. Have you had or are you having shortness of breath or other difficulties breathing?
3. Do you have a cough?
4. Any other flu-like symptoms, such as gastrointestinal upset, headache or fatigue?
5. Have you experienced recent loss of taste or smell?
6. Are you 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.
7. Is your/their age over 60?
8. Do you/they have heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders?
9. Have you/they traveled in the past 14 days to any regions affected by COVID-19? (as relevant to your location)
10. If you experience any of the above symptoms within 14 days of being seen at our office or have a positive COVID-19 test result you need to contact our office.

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