



ZACH FRAZIER ORTHODONTICS

4909 FOREST AVENUE
DOWNERS GROVE, IL 60515



PATIENT ADVISORY AND ACKNOWLEDGMENT

RECEIVING DENTAL CARE DURING THE COVID-19 PANDEMIC

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 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 healthy, and we screen on a daily basis. 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.

Please answer the following questions below:

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?	_____			

Name of patient

Guardian/Parent (if applicable)

Signature

Date