



Council Dental Group

Implant • Cosmetic • General • Sedation

councildental.com

281-376-9246

Patient Advisory and Acknowledgement Receiving Treatment During the COVID-19

Patient's Name: _____

Date: ___/___/___ Time: _____

Temperature: _____

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 members 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.

To reduce the risk of spreading COVID-19, we have asked you the following "screening" questions. For the safety of our staff, other patients, and yourself, please be truthful and candid in your answers.

If you are confirmed with COVID-19 within the next 14 days, PLEASE CONTACT OUR OFFICE so we may apply appropriate measures for our staff and patients.

Patient's Signature: _____

Doctor's Signature: _____

	Pre-Appointment	In-Office
	Date: ___/___/___	Date: ___/___/___
Do you/they have a fever or experienced any flu-like symptoms in the last 14 - 21 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you/they in contact with any confirmed COVID-19 positive patients? <i>Patients who are well but who have a sick family member at home with COVID-19 should consider postponing elective treatment.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or anyone in your household currently awaiting the results of a COVID-19 test?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

We have limited seating in the waiting room. You are welcome to come in. Please wear your mask.