

**PRESCOTT DENTISTRY
COVID-19 PATIENT INTAKE FORM**

Patient Name: _____

Patient DOB: _____

I was advised by Prescott Dentistry that in order to comply with "social distancing" protocols I should wait in my car prior to my appointment.

Initial _____

I was informed by a Team Member at Prescott Dentistry that prior to my dental treatment I will need to "swish" with a 1.5% hydrogen peroxide rinse to minimize the viral load in any aerosols generated.

Initial _____

1) My **Temperature** at ___ : ___ am/pm is ___°F. (A Prescott Dentistry team member will take your temperature)
You will be asked to leave if your temperature meets or exceeds 100.4 °F.

Please answer the following questions regarding your health and the symptoms associated with COVID-19. **Have you experienced any of the following in the past 24 hours:**

- 2) **Cough** Yes: ___ No: ___ 3) **Muscle pain** Yes: ___ No: ___ 4) **Headache** Yes: ___ No: ___
5) **Sore throat** Yes: ___ No: ___ 6) **Shortness of breath or difficulty breathing** Yes: ___ No: ___
7) **Chills** Yes: ___ No: ___ 9) **Loss of taste or smell** Yes: ___ No: ___

As of this morning, no member of the Prescott Dentistry team presented with symptoms of COVID-19 and all were fever free (using the same screening as above); however, we have NOT BEEN MEDICALLY TESTED for COVID-19 and cannot guarantee that either we or our other patients are COVID-19 free.

We have numerous safety measures in place to keep our team and our patients healthy. We use Universal Precautions, every day, on every patient and we always have. We use medical grade cleaner in clinical rooms in between every patient and on all contact surfaces throughout the office. We provide our team with surgical masks, face shields and gloves to protect our patients and ourselves during treatment. We have developed social distancing protocol throughout our office by spacing appointments out and asking patients to wait outside prior to their treatment.

I have read this page in full and understand that although Prescott Dentistry has made every effort to keep their team and patients healthy there is still a risk that I can contract COVID-19 in their office (by being in public) and I nevertheless voluntarily wish to continue with my elective dental treatment and hold the doctor and staff harmless should I come down with COVID-19. Furthermore, I acknowledge that receiving dental care today is my choice, there will be no penalty if I choose to cancel my appointment or reschedule for a later date, and I am choosing to move forward with my treatment today.

I have read this page in full and have **no questions**.

Dated this ___ day of _____, 2020.

Patient Signature

Temperature taken by (signature)