Capital Region
Complete Dental Care
& Implants
Solutions to
Your Dental Concerns

Pre-Appointment Screening Questions

1. Do you or have you had any flu-like symptoms in the last 14 days? ___YES ___NO

- Cough
- Shortness of Breath
- Or at least two of these symptoms:
  - o Fever
  - o Chills
  - o Repeated shaking
  - o Fatigue
  - o Muscle aches
  - o Vomiting
  - o Headache
  - o Sore throat
  - o New loss of taste or smell
  - o Malaise
  - o Nausea
  - o Diarrhea

2. Are you awaiting results of a lab test for COVID-19? ___YES___NO

3. Have you tested positive for COVID-19? ___YES ___NO When? _____

4. Have you or a family member previously been asked to self-isolate or self-quarantine in the past 14 days?
   ___YES ___NO

5. Have you had close contact to an individual diagnosed with COVID-19 infection in the past 14 days?
   ___YES ___NO

6. Have you traveled in the past 14 days to a region with high rates of COVID-19 disease activity?

   ___YES ___NO

If yes to any of the above questions, delay elective treatment for 14 days, then re-evaluate.

SIGN_____ PRINT_____DATE_____

Patient Consent

Supplemental Informed Consent:
Dental Treatment in the Era of COVID-19

Thank you for your continued trust in our practice. As with the transmission of any communicable disease like a cold or the flu, you may be exposed to COVID-19, also known as "coronavirus," at any time or in any place. Be assured that we continue to follow state and federal regulations as well as recommended universal personal protective equipment (PPE) and disinfection protocols to limit transmission of all diseases in our office.

Despite our careful attention to sterilization, disinfection and the use of personal barriers, there is still a chance that you could be exposed to an illness in our office, just as you might be exposed at your gym, grocery store or favorite restaurant. Nationwide social distancing has reduced the transmission of the coronavirus. Although we have taken measures to enable social distancing in our practice, due to the nature of the procedures we provide, it is not possible to maintain social distancing between the patient, dental healthcare team members and sometimes other patients at all times.

Although exposure is unlikely, do you accept the risk and consent to treatment?

Yes_____ No_____

_____ _____

Patient/Parent's Signature Date