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Patient Advisory and Acknowledgment Receiving Dental Treatment During the COVID-19 Pandemic

Dear Patient,

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 State Health Department and Centers for Disease Control and Prevention infection control guidelines to prevent the spread of the COVID-19 virus, we cannot make any guarantees. In addition to our already stringent protocols, we have implemented even more rigorous infection control measures for the health and safety of our team and you, our patient.

Our team is 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.

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 team, other patients, and yourself, please be truthful and candid in your answers.

PATIENT/RESPONSIBLE PARTY

DATE

PLEASE ANSWER “YES” OR “NO” WITH YOUR INITIALS, TO THE FOLLOWING QUESTIONS:

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, A RUNNY NOSE, OR 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 OTHER STATE OR HAVE YOU TRAVELLED OUTSIDE OF THE UNITED STATES?	YES	NO

IF SO, WHERE? _____