



ASSOCIATES IN PERIODONTICS

Brian D. Shuman, DMD
Yousuf Aboosi, DDS, MS
David Basali, BDS, MS

Patient Advisory and Acknowledgement

Receiving Dental Treatment During the COVID-19 Pandemic

Today we plan a periodontal evaluation, hygiene visit or treatment that will be done during the COVID-19 pandemic. Please be advised of the following:

Our staff is symptom-free and, to the best of their knowledge, has 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 to help us protect our staff, other patients, and yourself.

Patient/Responsible Party

Date

1. Have you ever been diagnosed with COVID-19? Date of diagnosis _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Do you live with or care for someone who has COVID-19?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Have you had a fever greater than or equal to 100.4° (T≥100.4°F) in the past 48 hours?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Do you have a sore throat?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Do you have a cough?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Are you experiencing any shortness of breath or difficulty breathing?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Have you recently lost your sense of taste/smell?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Have you experienced vomiting or loose stools recently?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. Do you have a headache, body, or muscle aches?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10. Have you traveled outside of Vermont in the past 14 days? If yes, where? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Are you experiencing a dental problem that needs to be checked by a doctor? ____Yes ____No

Temperature: _____ F

Any positive responses will be reviewed by the dentist. If you have a temperature, the advice to follow-up with your personal healthcare provider may be indicated.