



Out of concern for our patients, dentists and team members, our office is following the recommendation of the Centers for Disease Control and avoiding close contact with patients who are sick.

Please indicate below if you currently have, or had had any of these symptoms in the last 4 weeks: If you have any of these symptoms today, we respectfully ask that you reschedule your dental appointment.

Fever :                                     YES                                     NO

Flu-like symptoms:                     YES                                     NO

Cough:                                     YES                                     NO

Shortness of Breath                     YES                                     NO

In addition:

Have you been in direct contact with anyone who has COVID-19?  
 YES                                     NO

Have you travelled outside the United States in the last 4 weeks?  
 YES                                     NO

*If you answered yes to either of these questions, we respectfully ask that you reschedule your dental appointment.*

*Sincerely,*

*Your Dental Professionals at Spring Valley Dental Group*

Patient Name Printed: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_