

Screening Questions/Informed Consent/Promise to Call

Please Note:

- Our office door is now kept locked (per regulations).
- Do not enter if you have or have had any respiratory illness within 14 days.
- Bring a Mask and Wear a mask when inside our office (per regulations).
- We will come out to get you after you have called to let us know that you have arrived.

Screening Questions Regarding Covid-19 Risk

1. Have you or any members of your household been diagnosed with Covid-19
Yes or No Date / / Have you been told you are cured? Yes or No
Have you or they been tested negative for Covid-19 Date / / ; / /
2. Have you or any household members had any of the following symptoms common to Covid-19 during the last 14 days?
Flu like symptoms Fever Headache Dry Cough Unusual back pain
Nausea without vomiting Abdominal discomfort/some diarrhea
Recent Loss of Smell Fatigue
3. Have you or any household members been in contact with anyone having Covid-19 or suspicious symptoms during the last 14 days? Yes or No

Informed Consent and Promise To Call

Dr. Bain has lectured to dozens of dentists across the U.S. about our innovative and extraordinary measures to prevent Covid-19 transmission in our office. All patients that we treat are asymptomatic regarding any respiratory symptoms. Asymptomatic patients rarely are capable of transmitting Covid-19. Our measures will prevent transmission of colds, the flu, and Covid-19 within our office. You are safe with us!

*It is important that you call us if you develop any Covid-19 symptoms within the 14 day period of being in our office which might indicate that you were an asymptomatic carrier of Covid-19 while in our office.

My answers are complete and truthful and I promise to call if I develop Covid-19 within 14 days of being within the dental office.

Patient name (print) _____ Parent/Guardian: _____

Signature: _____ Date: / /

Thank you so much. John Bain DDS and team