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Bryn Mawr, PA 19010

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

Dear Patient:

You have presented to the office today because you have an urgent dental condition which must be treated at this time and cannot be postponed until the current COVID-19 risk period abates. Please be advised of the following:

While our office complies with State Health Department and the Center for Disease Control and Prevention infection control guidelines to prevent the spread of the COVID-19 virus, we cannot make any guarantees.

Our staff are 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 asked you a number of "screening" questions below. For the safety of our staff, other patients, and yourself, please be truthful and candid in your answers.

Temperature: _____

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|---|-----|----|
| 1. Do you have a fever | Yes | No |
| 2. Do you have any shortness of breath, dry cough, runny nose, sore throat? | Yes | No |
| 3. Have you had any flu like symptoms, such as fatigue, headache, or gastrointestinal upset in the past 14 days? | Yes | No |
| 4. Have you been in contact with any confirmed COVID-19 positive patients or those experiencing symptoms in the last 14 days? | Yes | No |
| 5. Within the last 14 days, have you traveled within the United States? If so, where? | Yes | No |
| 6. Within the last 14 days, have you traveled to any foreign country? | Yes | No |

Signature _____ Date _____