

Patient Advisory and Screening Form

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Family & Cosmetic Dentistry

While our office complies with infection control guidelines of the Virginia Department of Health and the Centers for Disease Control and Prevention (CDC) and follows strict disinfection protocols to limit the transmission of communicable diseases, including COVID-19 (or Coronavirus), it is still possible that these precautions will not always be fully successful in blocking the transmission of such diseases. By presenting yourself for dental treatment, and because you are in a place of public accommodation, you assume and accept the risk that you may be inadvertently exposed to a communicable disease.

In order to reduce the risk of spreading COVID-19, please answer the screening questions below. For the safety of yourself, our staff and other patients, please answer truthfully.

Patient Name: _____

	Pre-Appointment	In-Office
	Date: _____	Date: _____
Do you have or have had a fever in the past 14-21 days?	Yes____ No____	Yes____ No____
Do you have any shortness of breath or difficulties breathing?	Yes____ No____	Yes____ No____
Do you have a dry cough?	Yes____ No____	Yes____ No____
Do you have any other flu-like symptoms such as gastrointestinal upset, headache or fatigue?	Yes____ No____	Yes____ No____
Have you experienced recent loss of taste or smell?	Yes____ No____	Yes____ No____
Have you been in contact with anyone diagnosed or tested positive with COVID-19?	Yes____ No____	Yes____ No____
Have you traveled in the past 14 days?	Yes____ No____ If yes, where? _____	Yes____ No____

Positive responses to any of the above questions will indicate a deeper discussion with the dentist and/or require rescheduling elective treatment.

Patient/Guardian Signature: _____ **Date:** _____

*Please bring the completed and signed form to your appointment. You may also fax it to (703) 560-6502 or email to office@jonathanchangdds.com.