

- We pre-screen patients to ensure an office visit is appropriate
- We require only patients are to enter the dental office
- We require all patients wear masks 'at all times' while in the office
- We require all non-essential visitors must wait outside
- We screen our patients and take their temperature
- We always wash our hands and wear single use gloves
- We always use face masks and white clinic jackets
- We always sterilize our instruments and disinfect our chairs and counters
- We disinfectants by FOGGING periodically throughout the day

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## Is a Face Mask safer than gloves???

- Both face masks and gloves play an equally important role
- Face mask use is to keep everybody's germs to themselves
- Face mask use is mandatory if you are or could be closer than 6 feet from another person
- Face masks are reusable, generally, kept clean and allowed to dry (overnight) they can be reused by the same person

## Dr Wolcott's Disease Control Message.....

- Wash your hands or gloves and keep them off your face.
- Wipe down your phone before you put up to your face.

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## ..... 'STAY SAFE'

1. In a public place..... wear a face mask.
2. In a store..... touch only what we are planning to take home with us.
3. In a store and see that it's crowded..... come back later. (It's inconvenient but so is getting sick.)
4. See someone without a mask..... ensure we stay 6 feet away. (It's not rude, don't get sick.)

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Similar to patients with other flu-like diseases, patients with known COVID-19 have reported mild to severe symptoms which can include fever, cough and shortness of breath.

## Compare Signs and Symptoms

Corona Virus	Flu	Allergies
*Fever	*Fever	*Itchy eyes
*Dry Cough	*Cough	*Congestion
*Shortness of Breath	*Runny nose	*Runny nose
*Fatigue	*Body aches	*Sneezing
* Loss of Taste	*Headache	*Coughing
	*Sore Throat	
	*Fatigue	

It may not be possible to know the cause of any patient's illness so it is important to follow this guidance and standard precautions at all times. This patient assessment is to make reasonable efforts to keep patients, our office, our staff and family COVID19 safe. We cannot make any guarantees because places you and our staff visit are in public accommodation and other persons could be infected with or without their knowledge.

We are following the current guidelines of the CDC, ADA, Local/State/Federal Health Departments. Our staff are symptom free and have been screened prior to their work shift.

\_\_\_\_\_ I understand as of May 01, 2020, the office on the recommendation of the American Dental Association (ADA) with  
initial charge a COVID PPE fee using the insurance code D00120 which is explicitly not covered by dental insurance.

\_\_\_\_\_ I understand that if required, a type 1 face mask will be provided at a cost of \$3.00  
initial

## By filling out this screening form I acknowledge my answers are true and honest.

Yes \_\_\_\_\_ No \_\_\_\_\_ Have you had a fever in the last 2 weeks

Yes \_\_\_\_\_ No \_\_\_\_\_ Will you allow your temperature will be taken by infra-red thermometer?

My temperature today is \_\_\_\_\_ External temp over 96.5 degree reschedule

Critical Escort/visitor temp, \_\_\_\_\_ first name \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ Have you been practicing social distancing

Yes \_\_\_\_\_ No \_\_\_\_\_ Are you wearing a face mask in public areas

Yes \_\_\_\_\_ No \_\_\_\_\_ Have you been in a group setting of greater than 10 persons

Yes \_\_\_\_\_ No \_\_\_\_\_ Have you been in a long term care facility

Yes \_\_\_\_\_ No \_\_\_\_\_ I or a direct family member or coworker has/had cough,

Yes \_\_\_\_\_ No \_\_\_\_\_ I or a direct family member or coworker has/had fever

Yes \_\_\_\_\_ No \_\_\_\_\_ I or a direct family member or coworker has/had flu like symptoms

Yes \_\_\_\_\_ No \_\_\_\_\_ I or a direct family member or coworker has/had the common cold

Yes \_\_\_\_\_ No \_\_\_\_\_ I or a direct family member or coworker has/had loss of taste

Yes \_\_\_\_\_ No \_\_\_\_\_ I or a direct family member or coworker has/had traveled outside the USA in the past 2 months

Yes \_\_\_\_\_ No \_\_\_\_\_ I or a direct family member or coworker has/had been potentially exposed to the COVID virus

Yes \_\_\_\_\_ No \_\_\_\_\_ I or a direct family member or coworker has/had been tested or suspected for the COVID virus

Yes \_\_\_\_\_ No \_\_\_\_\_ I or a direct family member or coworker has/had been diagnosed with the COVID virus

Yes \_\_\_\_\_ No \_\_\_\_\_ I or a direct family member or coworker has/had been hospitalized in the past 4 weeks for flu like symptoms

Yes \_\_\_\_\_ No \_\_\_\_\_ I or a direct family member are you a healthcare worker or work in a healthcare facility

Yes \_\_\_\_\_ No \_\_\_\_\_ I or a direct family member are you a healthcare worker or work in a assisted living facility

### A response may require

- Referral to your health care physician
- Re-appointing today's appointment for symptoms to resolve (in 2-3 weeks).
- Referral to a Hospital setting or Healthcare/Dentalcare facility

Please note; All persons in the office that have a persistent cough will be asked to self-dismiss and wait outside