

As you are aware, the Center for Disease Control and Prevention has issued warnings and precautions to health care providers worldwide regarding COVID-19. We are taking every precaution necessary to limit exposure of any virus within our office. Below are questions that are recommended by the ADA that we ask our patients:

***Have you traveled in the past 14 days to any high-risk regions affected by COVID-19? YES NO**

***Have you tested positive for COVID-19? YES NO**

***Have you been in the presence of anyone who has been confirmed with COVID-19? YES NO**
Patients who are well but who have a sick family member at home with COVID-19 should consider postponing elective treatment.

***Have you had a FEVER or other Symptoms (cough, difficulty breathing, loss of taste or smell) related to the COVID-19 in the past month? YES NO**

***Do you have heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders? YES NO**

If you answered yes to any of the above questions, please call our office prior to your appointment.

Thank you for understanding,

Dr. MARCK, Dr. BOYD AND TEAM

Printed Name: _____

Signature: _____

DATE: _____ TEMP: _____

**** When you arrive for your appointment, we ask that you please wait in your car, and call us to let us know that you have arrived at 272-2792. When your provider is ready to seat you, we will text/call to let you know. Thank you!**