

COVID-19 SCREENING

Bourland~Soben Dentistry, PLLC

Considering what has taken place around the world and what could occur in our own city and the Big Country we wanted to give you an update on the COVID -19 virus, and what actions Bourland~Soben Dentistry, PLLC are taking.

The safety of our patients, staff, and the Big Country community is our top priority here at Bourland~Soben Dentistry, PLLC. In order to protect the health of our patients, staff and the Big Country community, we ask you to complete this check-in screening for you/your child's dental visit. If you can answer yes to any of the questions below we kindly ask that you reschedule this visit (4 weeks out), unless this is an emergency dental situation or you/your child is symptomatic (in pain, discomfort, dental infection, etc..).

1. **Have you tested positive for COVID-19?**

YES NO

2. **Have you been tested for COVID-19 and are awaiting results?**

YES NO

3. **Do you have any of the following respiratory symptoms? Fever, Sore Throat, Cough, Shortness of Breath?**

YES NO

4. **Have you recently lost your sense of smell or taste?**

YES NO

5. **Do you have any GI symptoms? Diarrhea? Nausea?**

YES NO

6. **Even if you don't currently have any of the above symptoms, have you experienced any of these symptoms in the last 14 days?**

YES NO

7. **Have you been in contact with someone who has tested positive for COVID-19 in the last 14 days?**

YES NO

8. **Have you traveled outside the United States by air or cruise ship in the past 14 days?**

YES NO

9. **Have you traveled within the United States by air, bus or train within the past 14 days?**

YES NO

Patient Name

Date of Birth

Temperature

Chart#

Guardian Name (Print)

Relationship to patient

Patient/ Guardian Signature

Date