

Patient Advisory and Acknowledgement



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Patient Advisory and Acknowledgement Receiving Dental Treatment During the SARS-COV-2 Pandemic

Dear Patient/Parent,

You are presenting to our office for dental treatment. While our office complies with the State Health Department and the Centers for Disease Control and Prevention infection control guidelines to prevent the spread of the SARS-COV-2 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 SARS-COV-2, please answer the following screening questions below. For the safety of our staff, other patients, and yourself, please be truthful and candid in your answers.

Parent/Guardian Name: _____

Date: _____

Parent/Guardian Signature: _____

For Office Use Only
 Child's Temperature:
 Parent's Temperature:

Child's Name: _____

Regarding the patient (your child):	No	Yes
Are you currently awaiting the results of a COVID-19 test?	<input type="radio"/>	<input type="radio"/>
Are you in contact with any confirmed COVID-19 positive patients?	<input type="radio"/>	<input type="radio"/>
Do you have a fever?	<input type="radio"/>	<input type="radio"/>
Do you have any shortness of breath?	<input type="radio"/>	<input type="radio"/>
Do you have a dry cough?	<input type="radio"/>	<input type="radio"/>
Do you have a runny nose?	<input type="radio"/>	<input type="radio"/>
Do you have a sore throat?	<input type="radio"/>	<input type="radio"/>
Do you have sneezing, watery eyes, and/or sinus pain/pressure that is unusual and not related to seasonal allergies?	<input type="radio"/>	<input type="radio"/>
Have you experienced headaches, fatigue, or weakness?	<input type="radio"/>	<input type="radio"/>
Have you lost your sense of taste and/or smell?	<input type="radio"/>	<input type="radio"/>
Within the last 14 days, have you travelled to any regions affected by COVID-19?	<input type="radio"/>	If yes, where? <input type="radio"/>