

LC Dental

Healthy teeth, Beautiful smiles

In order to practice safely for our patients and staff, we have made a questionnaire regarding potential exposure to COVID-19. After filling out this questionnaire, you will be required to sign it at the front desk before your appointment. Thank you!

Name:	Temp:	Pre-Appointment (Y/N)	In Office(Y/N)
Do you have a fever or have you felt hot or feverish recently (in the past 14 to 21 days)?			
Are you having shortness of breath or other difficulties breathing?			
Do you have a dry cough?			
Do you have a sore throat?			
Any other flu-like symptoms, such as gastrointestinal upset, headache or fatigue?			
Have you recently lost or had a reduction in your sense of smell or taste?			
Have you been in contact with someone who has tested positive for COVID-19?			
Have you tested positive for COVID-19?			
Have you been tested for COVID-19 and are awaiting results?			
Have you traveled outside the USA by air or cruise ship in the past 21 days?			
Do you have heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders?			
Is your age over 60?			

Signature:

Date: