Tooth Fairy Smiles 621 Ridgely Ave #202 Annapolis, MD 21401 410-897-1931 FAX # 410-897-1932

Patier	nt Name	:			Birthdate:				
In ordei	r to reduce	e the risk o	of spreadin	g COVID-19, we are	asking some so	creening questions below.			
Have you, your child, or others accompanying you to today's appointment or other recent acquaintances tested positive for or been diagnosed as having COVID-19?									
	Yes		No	If yes, When?	Date:	Name:			

Do you, your child, or others accompanying you at today's appointment or other recent acquaintances have (please circle):

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	Child		Parent/guardian				
-Been in Contact With Any COVID-19 Patients?	Yes	No	Yes	No			
-A Fever, or Have Felt Feverish Recently (Defined As Above 100.4 Degrees F)?	Yes	No	Yes	No			
-A Cough (in the last 14-21 days)?	Yes	No	Yes	No			
-Shortness of Breath and/ or Trouble Breathing?	Yes	No	Yes	No			
-Persistent Pain, Pressure, or Tightness in the Chest?	Yes	No	Yes	No			
-Traveled out of the Country in the Past 8 Weeks?	Yes	No	Yes	No			
-Body Aches and/ or Pains?	Yes	No	Yes	No			
-Unusual Rash or Skin Irritations?	Yes	No	Yes	No			
-Loss of Appetite?	Yes	No	Yes	No			
-Diarrhea?	Yes	No	Yes	No			
-Loss of Taste or Smell?	Yes	No	Yes	No			
-Discoloring of Toes and Fingers?	Yes	No	Yes	No			
-Chills or Repeated Shaking With Chills?	Yes	No	Yes	No			
-Headaches?	Yes	No	Yes	No			
-Heart, Lung, or Kidney disease?	Yes	No	Yes	No			
-Diabetes or Any Other Auto Immune Disorder?	Yes	No	Yes	No			
-Over the Age of 60?			Yes	No			

I understand that if the answer to ant of these questions is yes, I will be asked to reschedule today's appointment. If y	you or
your child starts feeling ill with symptoms of COVID-19 within 14 days of your appointment, please call our office immediately.	

Thank you for your continued trust in our practice. Please be assured that, as a matter of routine office protocol, the doctor and support staff members of Tooth Fairy Smiles have always strictly followed state and federal regulations and guidelines relating to infection control protocols established for limiting transmission risk of all potentially communicable diseases in our dental clinic. We will of course continue to do so with an even heightened attention to detail, in light of the current pandemic environment. As is the case with transmission of most contagious illnesses, such as common cold or seasonal flu, you and/or your child may have recently been exposed to a virus called **novel SARS-CoV-2** that can cause a disease known as **COVID-19**. Social distancing nationwide has shown to be effective in reducing the transmission of novel SARS-Cov-2, and although we have taken measures to provide for social distancing, due to the nature of the procedures we provide, it is not possible to maintain the 6 foot ideal social distancing between the patient, dentist, staff and/ or other patients at all times.

Parent/ Guardian signature	signature Today's date		
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Although exposure is unlikely, do you accept the risk and	consent to treatment?	Yes	☐ No
distancing between the patient, dentist, staff and/ or other		or possible to mail	110 0 1000