

CUSHING & RABINOVITZ, P.C.

ZORI RABINOVITZ D.M.D., M.S. ♦ MANUEL MOLINA D.M.D., M.S.

DIPLOMATES, AMERICAN BOARD OF PERIODONTOLOGY

PERIODONTICS AND DENTAL IMPLANTS

Print Patient Name: _____ Signature: _____

Date: _____

COVID-19 Pandemic - Patient Disclosures

This patient disclosure form seeks information from you that we must consider before making treatment decisions in the circumstance of the COVID-19 virus.

A weak or compromised immune system (including, but not limited to, conditions like diabetes, asthma, COPD, cancer treatment, radiation, chemotherapy, and any prior or current disease or medical condition), can put you at greater risk for contracting COVID-19. However, we are always aware of how your oral health can affect these medical conditions. It is now and always has been our commitment to work together with you to prioritize your safety in consideration of your total health and wellbeing.

It is also important that you disclose to this office any indication of having been exposed to COVID-19, or whether you have experienced any signs or symptoms associated with the COVID-19 virus. Our office is taking all the precautions necessary to see patients due to the corona virus pandemic.

Y/N Have you had and recovered from Covid-19 over 14 days ago?

Y/N Do you live with or have you been recently exposed to someone who has Covid-19?

Y/N Have you traveled out of the state or country within the last 14 days?

Y/N Have you experienced any recent healthcare issues?

Y/N Do you have a fever, chills, or flulike symptoms?

Y/N Do you have heart, lung, or kidney insufficiencies?

Y/N Do you have an existing cough or sore throat?

Y/N Have you been experiencing shortness of breath?

Y/N Have you recently lost or had a reduction in your sense of taste or smell?

We thank you in advance for your cooperation in such a trying time and will do our very best to give you the care you need. By signing this document, I consent to treatment during the COVID -19 virus pandemic, national Emergency and fully appreciate the potential health risks of doing so.

Initials of attending staff _____