



ALL SMILES DENTISTRY

Do you/they have fever or have you/they felt hot or feverish recently (14 – 21 days)?	Yes	No
Are you/they having shortness of breath or other difficulties breathing?	Yes	No
Do you/they have a cough?	Yes	No
Any other flu-like symptoms, such as gastrointestinal upset, headache or fatigue?	Yes	No
Have you/they experienced recent loss of taste or smell?	Yes	No
Are you/they in contact with any confirmed COVID-19 positive patients?	Yes	No
Have you/they traveled in the past 14 days to any regions affected by COVID-19?	Yes	No

If you answered Yes to any of these questions, we need to have a deeper discussion before proceeding with your appointment. Please notify us.