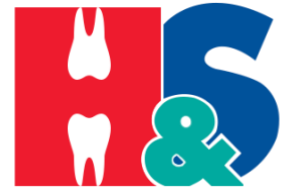


Dr. Higham and Dr. Sauchelli
500 Maplewood Dr., B-1
Jupiter, FL 33458
(561) 746-8095
info@jupiterdentist.com



COVID-19 PATIENT SCREENING FORM

Due to the COVID-19 global pandemic, we ask that you complete this form prior to arriving at our office and return it to us via email at info@jupiterdentist.com.

We will not be able to accommodate your appointment without having received this before you arrive for your appointment.

I, _____, knowingly and willingly consent to having dental treatment completed during the COVID-19 pandemic.

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. Given the current limits in virus testing, it is impossible to determine who is infected with COVID-19.

Dental procedures create water spray (aerosols), which is one way the disease can be spread. The ultra-fine nature of the spray can linger in the air for several minutes to hours, which can transmit the COVID-19 virus.

If you are experiencing any symptoms related to COVID-19, we ask that you do not come to our office at this time. Symptoms are indicated below:

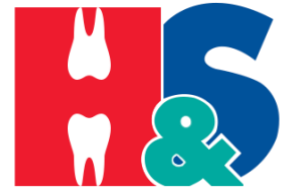
- Cough, shortness of breath, or difficulty breathing
- Fever
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

This list is not all inclusive.

Please consult your medical provider if you have any other severe symptoms that concern you.

In order to safeguard our dental office and the rest of our community, we ask that you arrive at the office wearing a face mask. **You will not be allowed entry without a face mask.**

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PATIENT QUESTIONNAIRE

I verify that:

Initials

1. I have not been in contact with anyone who was sick with COVID-19. _____
2. I have not attended any large group functions. _____
3. I have not tested positive for COVID-19. _____
4. I understand the CDC recommends social distancing of at least 6 feet and this distance is not possible during dental procedures. _____
5. I verify that I have not traveled outside the United States during the past 14 days. _____
6. I verify that I have not traveled within the United States by commercial airline, bus, or train within the past 14 days. _____

Signature: _____ Date: _____

Printed Name: _____

We thank you for your cooperation and will contact you if we need further information.

If you are unable to print this form and email it, please copy and paste the questionnaire into a composed email and send it to info@jupiterdentist.com.

Thank you,

Dr. Higham and Dr. Sauchelli