

Supplemental Consent & Health Questionnaire



SUPPLEMENTAL INFORMED CONSENT

Dear Patient or Visitor,

You have presented to the office for dental care and or treatment. Please be advised of the following:

While our office complies with the Illinois Department of Public Health (IDPH) and Centers for Disease Control and Prevention (CDC) infection control guidelines to prevent the spread of COVID-19 virus, we cannot make any guarantees.

Dr. Kenneth R. Pickett and the Naperville Dental Group are symptom-free and, to the best of their knowledge, do not have COVID-19. However, since we are a place of public accommodation, other persons (including other patients) could be infected with or without their knowledge. We will also be taking your temperature as an added precaution upon arrival to the office.

Although exposure is unlikely, do you accept the risk and consent to treatment?*

I CONSENT TO TREATMENT

Patient Name *

Date *

Signature *

SUPPLEMENTAL HEALTH QUESTIONNAIRE

In order to reduce the risk of spreading COVID-19, we will ask you a number of "screening" questions below. For the safety of our staff, other patients, and yourself please be truthful and candid in your answers.

Have you, your child, or others accompanying you to today's appointment...

Been Diagnosed as having COVID-19? *

- Yes
- No

Have a fever? (defined as above 99.6 F) *

- Yes
- No

Have any shortness of breath? *

- Yes
- No

Have a dry cough? *

- Yes
- No

Have a runny nose? *

- Yes
- No

Have a sore throat? *

- Yes
- No

Within the last 14 days traveled outside of Illinois including other states or foreign countries? *

- Yes
- No

I understand that if the answer to any of these questions is yes, I may be asked to reschedule today's appointment.

Signature *