

Dr. Lawrence A. Dobrin

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***** Please sign and date patient disclosure form and return to office prior to appointment via email or fax. You will be asked to answer questions IN-OFFICE on appointment day. It is important that you disclose any indication of having been exposed to Covid-19.**

Patient Name:		IN-OFFICE
Signature:	Date:	Date:
Do you have fever or have you felt hot or feverish recently (14-21 days)?	Yes No	Yes No
Are you having shortness of breath or other difficulties breathing?	Yes No	Yes No
Do you have a cough? runny nose?	Yes No	Yes No
Any other flu-like symptoms, such as gastrointestinal upset, headache or fatigue?	Yes No	Yes No
Have you experienced recent loss of taste or smell?	Yes No	Yes No
Are you in contact with any confirmed COVID-19 positive patients? <i>Patients who are well but who have a sick family member at home with COVID-19 should consider postponing elective treatment.</i>	Yes No	Yes No
Have you tested positive for COVID-19 or are awaiting results?	Yes No	Yes No
Do you have heart disease, lung disease, kidney disease, diabetes, asthma, COPD, cancer treatment, radiation, chemotherapy, any auto-immune disorders or medical conditions?	Yes No	Yes No
Have you traveled in the past 14 days to any regions affected by COVID-19?	Yes No	Yes No

Positive responses to any of these would likely indicate a deeper discussion with the dentist before proceeding with elective or emergency dental treatment.