

# Grant E & Mark A Smith DDS

www.sherman2thdocs.com

2011 W. Lamberth Rd. • Sherman, TX 75092

sherman2thdocs@gmail.com

(903)893-8030

## Patient Screening Form

Patient Name: \_\_\_\_\_  
Last First MI Preferred Name

Do you have fever or have you felt hot or feverish recently (14-21 days)? \* ☐ Yes ☐ No

Are you having shortness of breath or other difficulties breathing? \* ☐ Yes ☐ No

Do you have a cough? \* ☐ Yes ☐ No

Any other flu-like symptoms, such as gastrointestinal upset, headache or fatigue? \* ☐ Yes ☐ No

Have you experienced recent loss of taste or smell? \* ☐ Yes ☐ No

Have you been in contact with any confirmed COVID-19 positive patients or with anyone waiting on a COVID-19 test result?  
\* ☐ Yes ☐ No

Are you waiting for a COVID-19 test result? \* ☐ Yes ☐ No

Dental procedures create water spray that can linger in the air for minutes to sometimes hours. This aerosol is a way that COVID-19 can be transmitted. I understand that due to the frequency of visits of other dental patients, the characteristics of the dental procedures and the characteristics of the virus, that I have an elevated risk of contracting the virus simply by being in the dental office. I, knowing this information, am willing to have dental treatment completed on this day. \*

☐ Yes ☐ No

\*\*\*FOR OFFICE USE ONLY\*\*\* - TEMPERATURE/NOTES:

---

---

---

Response Date: \_\_\_\_\_