



Dear Patients,

Thank you for trusting us to take care of your dental needs. We look forward to seeing you at your upcoming appointment. Please review this paperwork providing you with updates and information about your appointment. If possible please sign and print the attached COVID-19 Patient Disclosure prior to your visit.

Patient health and safety is always taken very seriously at our dental practice. We are following the updated recommendations outlined by the American Dental Association for treating patients during the COVID-19 pandemic in addition to the OSHA and CDC infection control guidelines in all of our patient contact and sterilization measures.

As an extra precaution to keep our patients and staff protected, we have taken some additional measures in the office. We are limiting the number of patients seen each day and ask you to practice social distancing when possible. We will have hand-sanitizer and a mouth rinse for your use. We have removed magazines, extra seating, coffee and water stations from the reception area for your safety.

We also would also like to limit family members in our waiting room and in our treatment areas. It would be helpful for everyone if only the patient come to the appointment when possible. We ask those accompanying the patient to wait in the car and we will be happy to call once the appointment is over. We are also happy to receive a call once you arrive if you want to confirm we are ready for your appointment minimizing your wait to be seen.

We greatly appreciate your help and understanding with these temporary measures to combat the spread of COVID-19 (Coronavirus). If you have any questions, please do not hesitate to give our office a call prior to your appointment.

Kindly,
The Dentistry at Happy Canyon Team

858 W. Happy Canyon Road, Ste 135
Castle Rock, CO 80108
303-688-3800
DentistryAtHappyCanyon@yahoo.com



DENTISTRY
at Happy Canyon

COVID-19 PANDEMIC - PATIENT DISCLOSURE

	Yes	No
Do you have a fever or above normal temperature?	<input type="checkbox"/>	<input type="checkbox"/>
Have you experienced shortness of breath or had trouble breathing?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a dry cough?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a runny nose?	<input type="checkbox"/>	<input type="checkbox"/>
Have you recently lost or had a reduction in your sense of smell?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a sore throat?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been in contact with someone who has tested positive for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
Have you tested positive for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been tested for COVID-19 and are awaiting results?	<input type="checkbox"/>	<input type="checkbox"/>
Have you traveled outside the United States by air or cruise ship in the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you traveled within the United States by air, bus or train within the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>

By signing this document, I acknowledged that the answers I have provided are true and accurate and knowingly and willingly consent to have dental treatment completed during the COVID-19 pandemic.

Signature

Date