

Updated 4.24.20

Orthodontics COVID-19 Screening
Burns Orthodontics

Patient's name:

Date:

- 1) Have you been out of the country in the last 14 days?
- 2) Have you been within 6 feet of a person known to have COVID-19?
- 3) What is your current temperature?
- 4) Are you experiencing fever symptoms, hot to the touch, chills and/or sweating?
- 5) Do you have a cough?
- 6) Do you have shortness of breath?

If you have been exposed **AND** you have symptoms, call your doctor immediately BEFORE leaving your home.

Do NOT go to a doctor's office, hospital or ER unless you are told to do so by your physician.

If all answers are no:

- 7) Are you in pain?
- 8) Where is the pain? (upper lower right left)
- 9) Are you taking pain medication for this pain?
What are you taking?
How often are you taking it?
Is it helping?

For appointments, please be aware of the following:

- Only the patient will be allowed in the building. All others are asked to please wait in their car.
- We will maintain 6 feet of social distance at the front desk.
- Care will only be rendered after patient reviews and signs our COVID-19 Orthodontic Treatment Consent Form