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Patient Advisory and Acknowledgment
Receiving Dental Treatment During the COVID-19 Pandemic

Dear Patient,

You have come to our office today for a routine dental evaluation and/or treatment that will be done during the COVID-19 pandemic. Please be advised of the following:

While our office complies with State Health Department and the Centers for Disease Control and Prevention infection control guidelines to prevent the spread of the COVID-19 virus, we cannot make guarantees.

Our staff are symptom-free and, to the best of our knowledge, have not been exposed to the virus. However, since we are in a place of public accommodation, other persons (including other patients) could be infected, with or without our knowledge.

In order to reduce the risk of spreading COVID-19, we have asked 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.

- YES** Are you currently awaiting the results of a COVID-19 test?
- YES** Do you have a fever?
- YES** Do you have any shortness of breath?
- YES** Do you have a dry cough?
- YES** Do you have a runny nose?
- YES** Do you have a sore throat?
- YES** Do you have sneezing, watery eyes, and/or sinus pain/pressure that is unusual and not related to seasonal allergies?
- YES** Have you experienced headaches, fatigue, or weakness?
- YES** Have you lost your sense of taste and/or smell?

By signing below, I indicate that my answers are "No" to all the questions presented to me.