PRIME CARE MEDICAL, INC.

The Choice for Quality Correctional Health Care

COVID -19 Pandemic – Patient Disclosures

This patient disclosure form seeks information from you that we must consider before making treatment decisions because of the COVID-19 virus.

A weak or compromised immune system (including conditions like diabetes, asthma, COPD, cancer treatment, radiation, chemotherapy), can put you at greater risk for contracting COVID-19. Please inform us of any condition that compromises your immune system and understand that we may ask you to consider rescheduling treatment after discussing any such conditions with us.

It is also important that you disclose any indication of having been exposed to COVID-19, or whether you have experienced any signs or symptoms associated with the COVID-19 virus.

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

Receiving dental care during COVID-19 presents a higher risk because of the type of treatment and because I cannot wear a mask. I fully understand and acknowledge the above information, risks and cautions regarding a compromised immune system.

By signing this document, I acknowledge that the answers I have provided above are true and accurate and confirm that I have read the above and understand and accept that there is an increased risk of contracting the COVID-19 virus with dental treatment.

_____ _____

Signature Date

_____

Witness