



Wine Country
FAMILY DENTAL
Dr. Mark B. Schutte DDS

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 any guarantees.

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

In order to reduce the risk of spreading COVID-19, we have asked you a number of "screening" questions either before coming in, when entering the office, or when seated for your appointment. For the safety of our staff, other patients, and yourself, please be truthful and candid in your answers. If any of those answers have changed, please let us know as soon as possible. We want to thank you for understanding during this time.

____initial: By signing this I understand and give my consent that this applies also to all future appointments and I will not be asked to sign another one unless Wine Country Family Dental changes policy. I further understand that I can ask for a copy at any time to review.

Patient/Responsible Party Signature

Date

Print Name

Chart#