



**Taunton Dental Associates, PC.**

*There's a Story Behind Every Smile... We'd Like to be Part of Yours*

## TREATMENT WAIVER

We are informing you that you ARE receiving dental care during the events of a COVID-19 National Emergency.

Please be advised that there may be risks in being in the proximity of dentists, patients, or staff.

We are taking precautions to limit the spread of the disease, yet there is always a possibility of transmission.

By signing below I am accepting treatment and release Taunton Dental Associates, PC, its doctors & staff past and present from any liability to anything that may or may not come from my appointment today.

Your services today are considered important to bypass any pain that could make you uncomfortable and send you to a larger facility.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Taunton Office Staff

\_\_\_\_\_  
Date

Patient Name:

**CoronaVirus COVID-19 Screening**

To protect you, your loved ones, and our staff, we need to screen our patients for the potential infection of 2019-nCoV. In order to do this, we ask for your understanding and cooperation. Please answer the following questions. Shortly we will take your temperature using a digital thermometer to check for any fever. Thank you!

**Questionnaire:**

1. Do you or any of your family or friends you have associated with have a fever or have you experienced a fever within the past 14 days?

YES NO

2. Have you or any of your family or friends experienced a recent onset of respiratory problems, such as a cough or difficulty in breathing within the past 14 days?

YES NO

3. Have you come in contact with someone that was confirmed to have 2019-nCov or have been quarantined within the past 14 days?

YES NO

4. Have you flown domestic or international in the past 14 days?

YES NO

**(For office use only) Patient Temperature:**

\_\_\_\_\_  
PATIENT SIGNATURE

\_\_\_\_\_  
DATE