DR. JOHN J. MROZEK & Dr. Philip Peluso

PATIENT PRE-APPOINTMENT SCREENING FORM

Due to the COVID-19 global pandemic, we ask that you complete this form prior to arriving at our office for your dental appointment with either Dr. John Mrozek or Dr. Philip Peluso. We will NOT be able to accommodate your dental appointment without our office having received this form before your appointment.

In order to safeguard our dental office and the rest of the community,
we ask that you arrive at the office wearing a face mask.

Patient Name: _____ Appointment Date: _____

You are receiving dental care during the pandemic events of the coronavirus, also known as COVID-19. Please be advised that we are taking precautions to limit the spread of this disease, but there is still a possibility of transmission.

Please see our "Patient Safety" page on www.drmrozek.com for details on the additional protocols we have implemented.

I understand that COVID-19 virus has a long incubation period. Those infected with the virus may not show symptoms and still be contagious. Dental procedures create water spray which is how the disease is spread. The ultra-fine nature of the spray may linger in the air, which can transmit the COVID-19 virus.	☐ Yes ☐ No
I knowingly and willingly consent to have dental treatment completed during the COVID-19 pandemic. I do hereby acknowledge the health risks of the COVID-19 virus and I willfully request and authorize the doctors and staff at John J. Mrozek and Associates to perform dental and/or orthodontic services.	☐ Yes ☐ No
Have you had a fever or felt feverish in the last 14-21 days?	☐ Yes ☐ No
Do you have a cough?	☐ Yes ☐ No
Do you have shortness of breath or other difficulties breathing?	☐ Yes ☐ No
Do you have any other flu-like symptoms, such as gastrointestinal upset, headaches, or fatigue?	☐ Yes ☐ No
Have you recently experienced loss of taste or smell?	☐ Yes ☐ No
Are you in contact with anyone that tested positive for COVID-19 (Corona Virus)?	☐ Yes ☐ No

Are you over 60 years old?	☐ Yes ☐ No
Do you have heart disease, lung disease, kidney disease, or any auto-immune disorders?	☐ Yes ☐ No
Have you traveled in the past 14 days to any regions affected by COVID-19? (other than Illinois)	☐ Yes ☐ No
Have you traveled outside of the country in the last 14 days?	☐ Yes ☐ No
Have you come in contact with anyone that has traveled outside the country in the last 14 days?	☐ Yes ☐ No

Thank you for your cooperation. We look forward to seeing you soon!