

# *Dental Esthetics of Boca Raton, P.A.*

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## ***Patient Advisory and Acknowledgment***

### **Receiving Dental Treatment During the COVID-19 Pandemic**

Dear Patient:

You have presented to the office today requesting dental treatment during COVID-19. 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 staffs 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 below. For the safety of our staff, other patients, and yourself, please be truthful and candid in your answers.

\_\_\_\_\_  
**Patient/Responsible Party**

\_\_\_\_\_  
**Date**

### **Please Answer “Yes” or “No” To The Following Questions:**

<b>DO YOU HAVE FEVER?</b>	<b>YES</b>	<b>NO</b>
<b>DO YOU HAVE ANY SHORTNESS OF BREATH?</b>	<b>YES</b>	<b>NO</b>
<b>DO YOU HAVE A RUNNY NOSE?</b>	<b>YES</b>	<b>NO</b>
<b>DO YOU HAVE SORE THROAT?</b>	<b>YES</b>	<b>NO</b>
<b>WITHIN THE LAST 14 DAYS, HAVE YOU TRAVELLED TO ANY FOREIGN COUNTRY?</b>	<b>YES</b>	<b>NO</b>
<b>WITH IN THE LAST 14 DAYS, HAVE YOU TRAVELLED WITHIN THE UNITED STATES?</b>	<b>YES</b>	<b>NO</b>
<b>IF SO, WHERE?</b> _____		
<b>HAVE YOU BEEN VACCINATED FOR COVID-19</b>	<b>YES</b>	<b>NO</b>