

POINT OF CARE PATIENT SCREENING **FOR COVID-19**



WE VALUE YOUR HEALTH AND SAFETY

Please review the following questions prior to your orthodontic visit. If you can answer 'yes' to any, please advise the clinic in advance and we will reschedule. We will also review these questions again with you/the patient upon arrival for their/your appointment.



Did the patient have close contact with anyone with acute respiratory illness or travelled outside of Ontario in the past 14 days?



Does the patient have a confirmed case of COVID-19 or had close contact with a confirmed case of COVID-19?



Does the patient have any of the following symptoms :

- Fever
- New onset of cough
- Worsening chronic cough
- Shortness of breath
- Difficulty breathing
- Sore throat
- Difficulty swallowing
- Decrease or loss of sense of taste or smell
- Chills
- Headaches
- Unexplained fatigue/malaise/muscle aches
- Nausea/vomiting, diarrhea, abdominal pain
- Pink eye (conjunctivitis)
- Runny nose/ nasal congestion without other known cause.

* If you have answered yes to any of the above questions, please contact your primary health care provider or Telehealth Ontario at 1-866-797-0000

WE THANK YOU FOR YOUR COOPERATION AND PATIENCE AS WE MAKE EVERY EFFORT TO ASSURE THE BEST QUALITY OF CARE TO ALL OF OUR VALUED PATIENTS.