



Russ B. Mandor DDS, FAGD
Daniel E. Jacobs DMD, FAGD
30 Central Park South Suite 7C
New York, NY 10019
info@cpssmiledesign.com
212.755.3473

Patient Check-In Questionnaire

Our doctors and staff are taking the necessary precautions to make it safe for you to receive the care you need, when you need it.

Date: _____

- 1. Do you/they have fever or have you/they felt hot or feverish **within the last 14-21 days?** _____
- 2. Are you/they having shortness of breath or other difficulties breathing? _____
- 3. Do you/they have a cough? _____
- 4. Any other flu-like symptoms, such as gastrointestinal upset, headache, or fatigue? _____
- 5. Have you recently had fever, sore throat, nausea, chills, muscle aches, or vomiting? _____
- 6. Have you/they experienced recent loss of taste or smell? _____
- 7. Have you/they had close **contact to an individual diagnosed with COVID-19** in the **past 14 days?** _____
- 8. Is your/their age over 60? _____
- 9. Have you or a family member previously been asked to **self-quarantine in the past 14 days?** _____
- 10. Are you/they **awaiting results of lab test for COVID-19?** _____
- 11. **Have you tested positive for COVID-19? When?** _____
- 12. Do you/they have **heart disease, lung disease, kidney disease, diabetes, or any auto-immune disorders?**

-
- 13. Have you **traveled in the past 14 days to any region affected by COVID-19?** _____

Positive responses to any of the above questions would likely indicate a deeper discussion with the dentist before proceeding with elective dental treatment. Elective treatment will be delayed for 14 days.



Russ B. Mandor DDS, FAGD
Daniel E. Jacobs DMD, FAGD
30 Central Park South Suite 7C
New York, NY 10019
info@cpssmiledesign.com
212.755.3473

Patient Pre-Appointment Protocols

We recommend that you bring this list with you at the time of the appointment

Please carefully follow the directions below.

1. Patient must complete **consent forms, screening/questionnaire**, and **provide a payment method** over the telephone prior to confirming appointment.
2. We request that all patients **take their temperatures at home prior to arriving**. Your temperature must be **no greater than 100.4** in order for you to be seen by any of the members of our dental team.
3. Upon arriving your **temperature** will be taken **again** by one of the members of our dental team.
4. Please keep in mind **there is limited space in the reception area**. Please call our office **before entering the building and elevator** to ensure the reception area allows 6 feet for **"Social Distancing"**.
5. **Mask must be worn upon entry**. **Hand sanitizer and Gloves** will also be provided.
6. The clinical staff will **bring you directly to the operatory with all your belongings**.
7. Lastly, we will request that you **wash your hands** for the recommended 20-40 seconds.

Thank you for your patience and understanding as we all adapt to this **"New Normal"** in all of our lives. We assure you that we have implemented these protocols for your safety and ours.

The Central Park South Smile Design Team