



**Eastern
Carolina
Dental**

COVID-19 Pandemic Dental Treatment Screening Form

Eastern Carolina Dental is taking precautions to keep everyone safe and protected from possible exposure to COVID-19 during appointments and procedures at our clinic. Please review the questionnaire below and contact our office prior to your appointment if you answer yes to any of these questions.

In the past 14 days have you:

- Tested Positive, been diagnosed or been under investigation for COVID-19? **YES** **NO**
- Had close contact with a person who has been diagnosed or is under investigation for COVID-19? **YES** **NO**
- Do you have fever and respiratory symptoms such as cough or shortness of breath, loss of taste or smell, or other known symptoms of COVID-19? **YES** **NO**

In an effort to minimize exposure to others please call our office at (910) 353-4242 if you answer yes to any of these, or have any additional questions. Thank you!