

# Sunrise Dental Durham Dinah B Vice DDS PAIII

8128 Renaissance Pkwy Suite 203  
 Durham, NC 27713  
 919-493-3355

Patient Name: \_\_\_\_\_

PRE-APPOINTMENT      IN-OFFICE

DATE:

DATE:

Do you/they have fever or have you/they felt hot or feverish recently (14-21 days)?	YES ___ NO ___	YES ___ NO ___
Are you/they having shortness of breath or other difficulties breathing?	YES ___ NO ___	YES ___ NO ___
Do you/they have a cough?	YES ___ NO ___	YES ___ NO ___
Any other flu-like symptoms, such as gastrointestinal upset, headache or fatigue?	YES ___ NO ___	YES ___ NO ___
Have you/they experienced recent loss of taste or smell?	YES ___ NO ___	YES ___ NO ___
Are you/they in contact with any confirmed COVID-19 positive patients? <i>Patients who are well but who have a sick family member at home with COVID-19 Should consider postponing elective treatment</i>	YES ___ NO ___	YES ___ NO ___
Is your /their age over 60?	YES ___ NO ___	YES ___ NO ___
Do you/they have heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders?	YES ___ NO ___	YES ___ NO ___
Have you/they traveled in the past 14 days to any regions affected by COVID-19? (as relevant to your location)	YES ___ NO ___	YES ___ NO ___

Positive responses to any of these would likely indicate a deeper discussion with the dentist before proceeding with elective dental treatment.