



Modern Smile Dental

Michelle Janbakhsh, DDS, MS

901 Russell Avenue, Suite #100
Gaithersburg, Maryland 20879
(301) 977-8640

COVID-19 Exposure Questionnaire

Patient Name: _____

Date: _____

Please respond to the following questions before entering the office:

- 1) Have you traveled outside of the country in the past 2 weeks? **YES NO**
- 2) Have you had any signs of corona-virus infection, such as: fever, cough, loss of taste and/or smell, flu-like symptoms, difficulty breathing or shortness of breath, and fatigue in the past 2 weeks? **YES NO**
- 3) Have you been near a biological testing lab or corona-virus testing lab in the past 30 days?
YES NO
- 4) Have you been in contact with anyone who had corona-virus in the past 14 days? **YES NO**
- 5) What was your temperature today, before you came to the office?

_____ In Office: _____

PLEASE NOTE: Patients are recommended to stay 6 feet away from each other. They may stay in their car and wait for the office to call them when they should be treated.

Please contact our office if you test positive for corona-virus within 14 days of your visit.

Infection Control:

Due to the nature of our times, we have increased our efforts to keep all of our patients safe from contracting infections while visiting our office. In addition to this, due to the limited availability of personal protective equipment and infection control materials, the cost of infection control has significantly increased. As such, we will bill an infection control fee to your insurance plan in an effort to find out whether they are willing to participate in keeping you safe at the dental practice.

If your insurance plan chooses not to cover an infection control fee, you will be billed at the rate of \$15, in addition to any co-payments associated with your treatment today.

Your health is of the utmost importance to us and keeping you safe in our office during this time of pandemic is a matter we take seriously.

Thank you.

Patient Signature

Date