



SCOTTSDALE DENTAL CENTRE

630 SCOTTSDALE DRIVE, GUELPH, ON N1G 3M2

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Patient Wellness Screening & Appointment Instructions

1. Do you have any of the following symptoms?

- Fever and/or chills
- New onset of cough or worsening chronic cough
- Shortness of breath
- Decrease or loss of sense of taste or smell
- If adult >18 years of age: unexplained fatigue/ lethargy/ malaise/ muscle aches (myalgias)
- If child <18 years of age: nausea/vomiting, diarrhea

2. Have you tested positive for COVID-19 in the past 10 days or have you been told you should be isolating?

3. Have you travelled outside of Canada in the past 14 days without being fully vaccinated?

4. Have you had close contact with a confirmed case of COVID-19 without being fully vaccinated or having a medical grade mask on?

If the answer is 'Yes' to any of the questions, please advise us immediately.

Appointment Instructions

- You agree to wear some kind of facial covering/mask while in the office.
- You agree to use hand sanitizer upon entering and before exiting the dental office.
- You agree to let us know if you experience any symptoms of COVID-19 within 14 days of your appointment.