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COVID-19 Screening Questions Prior to Dental Visit

1. Do you or anyone in your household have a fever or respiratory symptoms such as a cough, or difficulty breathing?
2. Have you or anyone in your household had close contact with a person known or suspected to have COVID-19? If so, how long has it been since you were contacted?
3. Do you live in or have recently been in an area with ongoing spread of COVID-19 within the last 14 days?
4. Has anyone in your household recently been in an area with ongoing spread of COVID-19 within the last 14 days?
 1. Have you or anyone in your household taken a bus, train, plane or cruise within the past 14 days?
 2. Have you or anyone in your household travelled by car to a destination with large crowds such as Disney World? A concert?
5. When was the last time you took any of the following medications?
 1. Acetaminophen
 2. Ibuprofen
 3. Naproxen sodium
 4. Aspirin
6. Have you had any gastrointestinal symptoms in the past 14 days?
7. Have you experienced any loss of smell or taste recently?