ETOBICOKE DENTAL
Health Centre
Dr. Yasmin Mawji B.D.S., D.D.S

PATIENT SCREENING

1. Are you experiencing **any** of the following symptoms?

    - FEVER
    - SHORTNESS OF BREATH
    - SORE THROAT
    - LOSS OF SENSE OF TASTE OR SMELL
    - NEW OR WORENING COUGH
    - RUNNY NOSE OR SNEEZING
    - ABDOMINAL PAIN
    - DIFFICULTY SWALLOWING
    - DIARRHEA
    - NAUSEA/VOMITING

2. Have you had close contact or exposure to a person known to be infected with COVID-19 in the past 14 days or someone who has been tested? **Y/N**

3. Have you been tested for COVID-19 with results still pending or have you been diagnosed with COVID-19? **Y/N**

4. Have you traveled outside of Ontario with the last 14 days? **Y/N**

Please contact our office at 416-232-1688 24 hours prior your scheduled dental appointment to confirm you do not have any of the above symptoms.

Thank you for your understanding.
Your Dental Team