



KATY ENDODONTIC ASSOCIATES, L.L.P.

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COVID-19 Patient Questionnaire:

Table with 3 columns: Patient Name, Date, Date. Rows include questions about fever, shortness of breath, cough, flu-like symptoms, loss of taste/smell, contact with positive patients, age over 60, heart/lung/kidney/diabetes/auto-immune disorders, and travel in affected regions.

***If yes to any of these questions, it would be best to re-schedule for 14 days since the exposure or 14 days after all symptoms resolve. If you are or may be pregnant, please notify our dental assistant before radiographs are taken.