Katy Endodontic Associates, L.L.P.

R. Chris Campbell, D.D.S., M.S.
Ricardo M. Garza, Jr., D.D.S., M.S.

As a healthcare provider, we are playing our role in preventing the spread of COVID-19. To do so, we are asking all our patients to complete a screening questionnaire for COVID-19. Please fill out the following form completely and accurately.

Please check Yes or No for the following questions:	Yes	No
Have you tested positive for COVID-19? If so, when?		
Have you been tested for COVID-19 and are awaiting results?		
Do you have any of the following respiratory symptoms? Fever, sore throat, cough, shortness of breath?		
Have you recently lost your sense of smell or taste?		
Do you have any GI symptoms? Diarrhea? Nausea?		
Even if you do not currently have any of the above symptoms, have you experienced any of these symptoms in the last 14 days?		
Have you been in contact with someone who has tested positive for COVID-19 in the last 14 days?		
Have you traveled **outside** the United States by air or cruise ship in the past 14 days?		
Have you traveled **within** the United States by air, bus, or train within the past 14 days?		

I have completed this form to the best of my knowledge and agree to inform the dental office with any changes to the above answers.

_____ _____
Patient Signature Date

For office use:

_____ _____
Received by Date

_____
Temperature (F)

23410 Grand Reserve Dr. Bldg. 5, Suite 505 Katy, Tx 77494
281-693-3200 VOICE
281-693-6303 FAX