

Progressive Dental Care

www.progressivedentalcare.com

160 Western Avenue • S Portland, ME 04106

doctors@progressivedentalcare.com

(207)773-1703

Do you have a fever or have you felt hot or feverish recently (14-21 days) ? * Yes No

Are you having shortness of breath or other difficulties breathing? * Yes No

Do you have a cough? * Yes No

Any other flu-like symptoms, such as gastrointestinal upset, headache or fatigue? * Yes No

If yes, please list:

Have you experienced recent loss of taste or smell? * Yes No

Are you in contact with any confirmed COVID-19 positive patients? * Yes No

Is your age over 60? * Yes No

Do you have heart disease, lung disease, kidney disease, diabetes or any autoimmune disorders? * Yes No

Have you traveled in the past 14 days to any regions affected by COVID-19? * Yes No

If yes, please list:

Please notify office if you develop any of the above symptoms within 14 days of your visit.

Signature _____

Date _____

Response Date: _____