

Health Screening

If you respond YES, please call us before entering, as we may need to reschedule your appointment:

In the last 24 hours, have you experienced any of the following symptoms?

- ◉ COUGH (not associated with a chronic condition)
- ◉ FEVER or FEELING FEVERISH
- ◉ CHILLS
- ◉ SHORTNESS OF BREATH
- ◉ LOSS OF TASTE OR SMELL
- ◉ SORE THROAT
- ◉ MUSCLE ACHES

*Required by the MN Board of Dentistry
Updated 9/26/22*