

Dr. Rajeev Gadgil's Dental Clinic

Screening/Disclosure Form for Dental Patient During Covid-19 Epidemic

Name of patient:

Age/Sex:

Mobile Number:

Residential Address (Proof to be verified):

Covid-19 Questionnaire		YES	NO
	Do you have any symptoms of Fever, Cough, Sore throat and /or fatigue anytime during last 21 days?		
	Did you experience any difficulty in breathing anytime during last 21 days?		
	Do you have any exposure to a known or suspected case of Covid-19 patient in last 21 days?		
	Have you visited any other medical facility /hospital in last 21 days? If yes, for what reason?		
	Are you residing in a locality that has been notified by the government as a Covid containment zone in last 21 days?		
	Have you ever been tested for Covid-19? If yes, give details		

The above information given by me is true to the best of my knowledge. I fully understand and acknowledge that withholding or misrepresentation of any information is highly unethical and against the interest of larger population during this pandemic.

I have been made aware that dental procedures create ultra-fine water spray that may transmit the Covid-19 virus. I understand the Covid-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. I also understand that, due to the contagious nature of the disease and characteristics of dental procedures, I have an increased risk of contracting the virus simply by being in a dental office in spite of the best disinfection protocols applied.

I fully understand and acknowledge that I may be an asymptomatic carrier of the disease and hence will strictly comply with all safety precautions and protocols advised. In the eventuality of my testing Covid positive at a later date, I will not hold the dental service provider/staff/dental set-up responsible for it. I hereby knowingly and willingly give consent to have my emergency / urgent dental treatment completed during the Covid pandemic.

Signature of Patient:

Staff Signature:

Date:

Dr. Rajeev M. Gadgil (M.D.S) – Dental Surgeon (Reg. No.

Sharanpur Road Clinic - 12, Balwant Chambers, New Pandit Colony, Sharanpur Road, Nashik 422002.

Working Hours: Monday-Friday 11:00 AM - 01:00 PM

Contact- (0253)-2577761

Mahatmanagar Clinic - 8, Satyajeet Apartments, Mahatmanagar Nashik 422007

Working Hours: Monday-Friday 06:00 PM - 09:00 PM

Contact- (0253)-2354361