



Sadly, once again the Covid Virus is on the rise which means that, once again, your family and our families are at risk.

With the intent of reducing exposure to each of you - as well as our Staff - we have posted the following questions for the purpose of an initial screening **BEFORE** entering our clinic. *See below.*

****ALL PATIENTS will need to be wearing a mask that covers BOTH mouth and nose and we ask that ONLY the Patient enter the office for their appointment.***

IF you answer “Yes” to any of the questions below please call the **Front Desk: (972) 294-5886** and inform them so that we can then move forward to the next step of our **COVID Protocol**.

*We are grateful for your patience and support of all our efforts to keep everyone safe.

- 1. Have you or anyone in your household had any of the following symptoms in the last 14 days:
Sore throat, cough, chills, shortness of breath or body aches, loss of taste or smell?***
- 2. Have you experienced a fever greater than 100 degrees F in the last 48 hours?***
- 3. Have you experienced any vomiting or diarrhea in the last 24 hours?***
- 4. Have you traveled domestically or internationally to any area with an outbreak of COVID-19 in the last 14 days?***
- 5. Have you or anyone inside your home been exposed to an individual with a confirmed COVID-19 diagnosis in the last 14 days?***