

BALA INSTITUTE OF ORAL SURGERY
15 N. PRESIDENTIAL BLVD, SUITE 301
BALA CYNWYD, PA 19004
(610) 667-6161

Patient Name: _____

Date: _____

If you are accompanying our patient today: Escort Name: _____

Please answer the following questions.

WITHIN THE PAST 14 DAYS:

1. Have you had a fever or do you currently have a fever? Yes No
2. Have you experienced a recent onset of respiratory problems, such as a cough, difficulty breathing? Yes No
3. Have you traveled to or visited areas/neighborhoods with documented COVID-19 transmission? Yes No
4. Have you come in contact with a patient with confirmed COVID-19 infection? Yes No
5. Have you or anyone you were in contact with traveled out of the U.S. or in states that were affected by the coronavirus? .. Yes No
6. Is there at least one person experiencing fever or respiratory problems having close contact with you? Yes No
7. Have you recently participated in any gatherings, meetings or had close contact with many unacquainted people? Yes No

If you answered yes to any of the above questions, please elaborate: _____

Thank you for your cooperation and understanding.

Prior to your appointment you may send this completed form back via the following:

1. Text 610-667-6161
2. Email: info@snorenet.com
3. Fax: 610-617-9275