(Practice LOGO)

Before entering, please let our office know if you have:

* + a positive viral test for COVID-19
  + symptoms of COVID-19
  + close contact with someone who has COVID-19

Office Number:

|  |  |
| --- | --- |
| Icon  Description automatically generated | * Fever or chills * Cough * Difficulty breathing * Congestion/runny nose * New loss of taste or smell * Nausea/vomiting |

MASKS ARE: (optional/required)