(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)