

**If ANY of the following apply to you, please phone to reschedule your appointment Before enterING:**

* **Fever, cough, sneezing or difficulty breathing** (with or without pneumonia) **AND**
* **Travelled to a COVID-19 affected area within 14 days OR**
* **Close contact with a confirmed or probable case of COVID-19 OR**
* **Close contact with someone who was ill and had travelled to a COVID-19 affected area within 14 days**

**If you require emergency dental care, please inform us.**

**Thank You for Your Understanding and Cooperation.**

**Dental Practice Name
Telephone: ###-###-####**