

Do you have a fever, or have you felt hot or feverish in the last 24 hours?

Are you having shortness of breath or other difficulties breathing?

Do you have a cough?

Do you have other flu-like symptoms such as stomach upset, headache, or significant fatigue?

If you answered "YES" to any of the above questions, please contact our office as soon as possible so that we can determine if your appointment should be rescheduled.

Have you had surgery to replace a heart valve or a hip or knee or shoulder joint? If "YES," please contact your surgeon's office, and if an antibiotic is recommended prior to dental treatment, **please have that office prescribe the medication they believe is appropriate.**

Has your medical doctor recommended that you take antibiotics prior to dental procedures? If "YES," **please contact that office and have them prescribe the medication they believe is appropriate.**

Has your dental insurance changed? If "YES," please contact us **prior to your appointment** so we will be able to give you updated information regarding your coverage and your financial responsibility.