



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) OR**
- **Travelled outside Canada within 14 days OR**
- **Close contact with a confirmed or probable case of Coronavirus OR**
- **Close contact with someone who was ill and had travelled outside Canada within 14 days**

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

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

**Practice Name:**  
**Telephone:**