

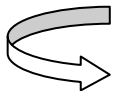
KATHLEEN SCHROEDER ROTH, D.D.S., P.L.L.C.

725 SW Higgins Ave, Ste A
Missoula, MT 59803
Phone (406)728-2745
Fax (406)728-3953

Date: _____

Patient name: _____

- Any symptoms in the last 72 hours? (cough, high temperature/fever, sore throat, shortness of breath) YES NO
- Recent travel or contact with a region outside of **Montana** in the past 14 days? YES NO If so, Where? _____



Patient signature: _____

****The dental assistant will take your temperature****

<ul style="list-style-type: none">• TODAY'S TEMPERATURE _____ ° F <p>O2 _____ %</p>

⇒ **More questions on back** ⇒