



14140 Meridian Parkway, Suite 101 Riverside, CA 92518
Phone 951-243-3337 Fax 951-243-6868

To our Patients,

Regarding COVID-19, we are asking patients to kindly answer these patient screening questions to help protect others around you:

- | | |
|----------------------------------------------------------------------------------|-----------------|
| If you have been sick the last 2 weeks with flu-like symptoms | Yes / No |
| If you are currently sick w/ flu-like symptoms | Yes / No |
| If you have a cough/ fever over 100 degrees/shortness of breath | Yes / No |
| If you have symptoms of respiratory infection such as cough/sore throat | Yes / No |
| If you have symptoms of new loss of taste or smell | Yes / No |
| If you have been in contact w/ confirmed or suspected COVID-19 individual | Yes / No |

If **YES** is answered to a question **above**, please fax the form to 951-243-6868, or email form to reception@avceyecare.net, or call/ text us 951-243-3337. We will gladly reschedule your appointment. Patients exhibiting symptoms should seek immediate medical attention with a primary care physician.

Patient Name _____

DOB _____

Patient Signature _____

Date _____

Or Legal Guardian

Please wear a mask as you enter and while in the office. Thank you for allowing us to serve you, your family and friends. We will continue to diligently work together to overcome this challenge. If you have any questions or concerns, please contact Drs. John Holcomb or Trina Tran for further assistance at 951-243-3337.

Sincerely, Advanced Vision Care Optometry