

COVID-19 Pre-screening

Do you have or have you recently had any of the following?

Fever or chills
Cough
Shortness of breath or difficulty breathing
Fatigue
Muscle or body aches
Headache
New loss of taste or smell
Sore throat
Nausea or vomiting
Diarrhea

Have you had contact with someone suspected or positive with COVID-19?
Have you traveled out of state in the past 14 days?

If you have answered yes to any of the above questions, please call our office to discuss further.

Arriving for your appointment:

We ask that you remain in your vehicle and **CALL** our office at 785-266-3801 when you arrive. Select **OPT. 1** and leave a message that you have arrived, we will then return your call when we are ready for you to enter our office.