



Dear Patients,

Please read the following important COVID-19 guidelines we have instituted in our practice:

- You are required to wear a mask or face covering while in the office
- If you are feeling unwell 7 days prior to your appointment, or on the day of your appointment, please let us know and we will re-schedule your appointment
- Patients/visitors should come to the office alone unless they are a minor, or if the patient needs the assistance of a true caregiver
- We will be operating a curbside waiting room. Please call the office at 33-348-0269 once you arrive in the parking lot to let us know you have arrived. That way, we can let you know if you may enter the building or need to wait a few moments. This is so we can maintain social distancing inside the building. If you do not have a cell phone, please knock on the back door
- Please complete the attached Wellness Form and bring it with you to your appointment

Our guidelines are for the safety and protection of our patients, as well as our staff. We appreciate your cooperation in helping to keep everyone safe.

We look forward to seeing you in the office.

Craig Smargiasso, OD and the Aurora Eye Care Team



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## Wellness Form

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Please circle your answers to the following questions:**

Do you have a cough? Yes No

Do you have a fever now, or have you had a fever in the past 3 days? Yes No

Are you experiencing shortness of breath? Yes No

Have you traveled outside of the country in the past 2 weeks? Yes No

Have you traveled outside of the State of OH in the last 14 days? Yes No  
If yes, where and what dates were you traveling? \_\_\_\_\_

Have you come into contact with someone experiencing symptoms of COVID-19 in the last 14 days? Yes No