

STOP



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PLEASE READ
BEFORE ENTERING
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- ▶ Have you or anyone in your household, or at work, been diagnosed with **COVID-19**, had a fever, cough, difficulty breathing, or flu-like symptoms in the last two weeks?
- ▶ Other than healthcare professionals working in patient care, are you currently providing care for anyone who has been diagnosed with **COVID-19**, had a fever, cough, difficulty breathing, or flu-like symptoms in the last two weeks?
- ▶ Are you or anyone in your household currently under voluntary or involuntary quarantine, or have been in the last two weeks?
- ▶ Have you or any member of your family traveled internationally in the last two weeks?

IF YOU ANSWERED "YES" PLEASE
... CALL US TO RESCHEDULE ...

NOTE

If you are **PICKING UP GLASSES OR CONTACT LENSES**,
DO NOT ENTER. CALL AND WE WILL BRING THEM TO YOU.

**IF ROUTINE VISIT AND CAN BE POSTPONED 3 MONTHS,
PLEASE CALL PHONE NUMBER BELOW TO RESCHEDULE**

**TEMPERATURE WILL BE TAKEN
UPON ENTERING OUR OFFICE**

CALL OR TEXT ▶