COVID-19 Informed Consent to Treat

I understand that the novel Coronavirus (COVID-19) has been declared a global pandemic by the World Health Organization (WHO). I further understand that COVID-19 is extremely contagious and may be contracted from various sources. I understand COVID-19 has a long incubation period during which carriers of the virus may not show symptoms and still be contagious. I understand that I am the decision maker for my health care. Part of this office's role is to provi ks conse , I assoc unde

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ent" and involves my understanding and agreem	informed choices. This process is often referred to as "informed nent regarding recommended care, and the benefits and risks andemic. Given the current limitations of COVID-19 virus testing, I is exceptionally difficult.
roceed with receiving care, I confirm and unders	stand the following (Initial in 7 places provided)
person-to-person contact, in which COVID-19 can be a light of the person to defer my treatment to a later with receiving treatment during the COVID-19 time. INITIAL I understand due to the frequency of appearance of the procedures, I may have an healthcare office. INITIAL I confirm I am not experiencing any of the follow *Fever *Dry Cough *Sexual *Feve	eatment that may not be urgent or medically necessary, and that I r date. However, while I understand the potential risks associated pandemic, I agree to proceed with my desired treatment at this pintments with patients, the attributes of the virus, and the n elevated risk of contracting COVID-19 simply by being in a wing symptoms of COVID-19 that are listed below: Sore Throat transmitting the COVID-19 virus. I verify that I have de of the United States to countries that have been affected by I States by commercial airline, bus, or train. INITIAL explemented preventative measures intended to reduce the spread the virus, I understand there may be an inherent risk of becoming this treatment. I hereby acknowledge and assume the risk of states explemented in the process of the p
associated with receiving care during the COV my satisfaction. I have read, or have had read appreciate that it is not possible to consider ever to ask questions about its content, and by sign receive care as is deemed appropriate for my	atment with the full understanding and disclosure of the risks ID-19 pandemic. I confirm all of my questions were answered to d to me, the above COVID-19 risk informed consent to treat. I very possible complication to care. I have also had an opportunity ting below, I agree with the current or future recommendation to circumstance. I intend this consent to cover the entire course of resent condition and for any future condition(s) for which I seek
Patient Name	Signature
Parent/Guardian Name	Signature
Date	