



I, _____, willingly and knowingly give consent to have my elective procedure performed during the COVID-19 pandemic.

_____ (Initial) I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not, given the current limits in virus testing.

_____ I understand that due to the frequency of visits of other patients, the characteristics of the virus, and the characteristics of center procedures, that I have an elevated risk of contracting the virus by being in the center.

_____ I confirm that I do not have any of the following symptoms of COVID-19: fever, shortness of breath, dry cough, runny nose, sore throat currently, or for the last 14 days.

_____ I confirm that I have not been in contact with a person that has been diagnosed with COVID-19 within the last 14 days.

_____ I understand that the CDC recommends social distancing of at least 6 feet to prevent transmission of disease and this is not possible while my procedure is being performed in the center.

_____ Due to the extreme nature of this pandemic, I understand that postoperative monitoring is difficult, in-office visits are not recommended, and that my doctor may opt to perform these services remotely.

_____ After my procedure, I understand that I may be at higher risk for further infection and agree to remain at home, in compliance with the state "Safer at Home" mandates.

_____ I agree that, if I were to exhibit any symptoms of, or am diagnosed with, COVID-19, I will immediately contact the center so that proper steps can be taken to limit the spread of this contagion.

Temperature on admission _____.

I have read, comprehend, and agree with the above statements.

Patient Name

Date

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Patient Label Here