



COVID-19 Pre-procedure Patient information Sheet:

- I understand I must come with a face mask to my appointment.
- I understand I cannot bring visitors to my appointment.
- I have received information about the new clinic practices in response to COVID-19
- I acknowledge and have completed the COVID-19 screening over the phone and understand that if anything changes in between screening and my appointment I will reschedule my appt.
- I understand my temperature will be taken. DO NOT come in if you have a temperature
- I understand I have to arrive to my appt on time.
- I understand appointments will be spaced out to avoid crowding and so limited appt times will be available.
- I understand I will be asked to wash my hands upon entering the office and before any procedure performed.
- I have been informed of all the new clinic protocols in response to COVID-19 and ALL my questions have been answered.

I have been given the option to defer my treatment/procedure/surgery to a later date. However, I understand all the potential risks, including, but not limited to the potential short-term and long-term complications related to COVID-19, and I would like to proceed with my desired treatment/procedure/surgery. I acknowledge that I have been offered a copy of this consent form.

I UNDERSTAND THE EXPLANATION AND HAVE NO MORE QUESTIONS AND CONSENT TO THE PROCEDURE.

Signature of Patient/Personal Representative

Date