

COVID-19 Consent

I understand that an informed consent is an important and ongoing process.

I voluntarily request to visit the physical office of Potomac Plastic Surgery during the COVID-19 pandemic. Alternative forms of communicating with the office have been provided, including phone, video, and digital communication.

I understand that COVID-19 virus is extremely contagious. While the office complies with State Health Department and the Centers for Disease Control and Prevention infection control guidelines to prevent the spread of the COVID-19 virus, we cannot make any guarantees.

Our staff are symptom-free and, to the best of their knowledge, have not been exposed to the virus. However, since we are a place of public accommodation, other persons (including other patients) could be infected, with or without their knowledge. I hereby acknowledge and assume the risk of becoming infected with COVID-19 and understand that I may become infected by visiting the office.

In order to reduce the risk of spreading COVID-19, I will comply with infection control measures and answer screening questions. For the safety of our staff, other patients, and myself, I will be truthful and candid in my answers. The results of the screening questions will affect the ability to be seen.

I understand that any person who has any of the below, feeling sick, recently been sick, or been exposed to a sick person cannot enter office for a minimum of 2 (two) weeks:

- Fever
- Sweats or chills
- Shortness of breath
- Chest tightness
- Cough
- Sore throat
- Body aches
- Headache
- Runny nose
- New nasal congestion
- New loss of taste / smell
- Travel

I understand that may be periods of time that I may not be physically seen due to the pandemic. I am now signing of my own free will. I may withdraw my consent for further treatment at any time.

Patient (Print & Signature): _____

Date: _____



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Form - Consent - COVID-19