

Personal Standard of Care Declaration

Patient Name: _____

Patient Address: _____

Attention:

(Patient Relations/Advocacy Office, specify hospital site if applicable) - (contact Name if available)

(Contact number)(Contact email)

I _____ am notifying you that, If I am admitted to a hospital and test positive for a CORONA virus, variant, or any virus discovered after the year 2020, I am denying all current "Standard of Care" protocols related to COVID patients.

I refuse REMDESIVIR

I refuse VENTILATION

I would like to be treated with the following protocols First and foremost;

I-MASK Prevention and early outpatient protocol

MATH + Hospital treatment and protocol

I _____ attest that this declaration is a true representation of my wishes for my personal standard of care.

Signature:

Patient _____ OR

Patient Representative (Power of Attorney): _____

Date: _____