



INFORMED RELEASE – COVID-19 SUPPLEMENT

I have been informed that at this time it is unknown what affects COVID-19 may have on aesthetic medical procedures.

Initial _____

I do not currently have any signs or symptoms of COVID-19 such as fever, new or worsening cough, sore throat, difficulty swallowing, altered sense of taste/smell, new onset shortness of breath, runny nose and/or headache (not attributed to underlying reason such as allergies). Initial _____

I have not provided care or had close contact with a symptomatic person known or suspected to have COVID-19 in the past 14 days. Initial _____

I have not had contact with a person who travelled outside of Canada in the last 14 days who has become ill with two or more of the following symptoms: fever, new or worsening cough, sore throat, difficulty swallowing, altered sense of taste/smell, new onset shortness of breath, runny nose and/or headache (not attributed to underlying reason such as allergies). Initial _____

INFORMED TREATMENT CONSENT – COVID-19 PANDEMIC

I understand that COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread by person-to-person contact and health agencies recommend social distancing.

I recognize that the medical providers and staff are closely monitoring this situation and have put in place reasonable preventive measures targeted to reduce the spread of COVID-19. Given the nature of the virus, however, I understand there is an inherent risk of becoming infected with COVID-19 by virtue of proceeding with this elective treatment.

I understand that even if I have been tested for COVID and received a negative test result, the tests in some cases may fail to detect the virus or I may have contracted COVID after the test. I understand that if I have a COVID-19 infection and even if I do not have any symptoms, proceeding with this elective treatment can lead to a higher chance of complications.

I understand that COVID-19 may cause additional risks, which may not currently be known at this time, in addition to the risks described in this Informed Consent, as well as those risks for the treatment itself.

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. I acknowledge that I have been offered a copy of this consent form.

I _____, understand that I am opting for an elective treatment that is not urgent and may not be medically necessary. I understand the explanation and have no more questions and consent to the procedure.

Patient name (print): _____

Date: _____

Patient signature: _____