

# SCOTTSDALE SKIN RENEWAL

## Patient Advisory and Acknowledgement

You have come to our office today for a routine treatment that will be performed during the COVID-19 pandemic.

Please be advised of the following:

While our office complies with State Health Department and Center for Disease Control and Prevention Infection Control Guidelines to prevent the spread of COVID-19, we cannot make any guarantees.

- We are symptom-free, and to the best of our 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.
- In order to reduce the risk of spreading COVID-19, we have asked you a number of “screening” questions. For our safety, other patients, and yourself, please be truthful and candid in your answers.
- We are also asking you to contact us if you test positive for COVID-19 or develop symptoms within 14 days of your visit to our office. Thank you.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_