



PATIENT NOTICE and ACKNOWLEDGEMENT FORM
Receiving Medical Treatment During the COVID-19 Pandemic

Dear Patient,

You have a scheduled appointment(s) in our office during the COVID-19 pandemic. While our office complies with guidelines set to help prevent the spread of the virus, we cannot make any guarantees. Our staff is symptom-free and has not been exposed to the virus in the past couple of weeks to the best of our knowledge. However, since we are a public place, other persons (including other patients) could be infected without our knowledge. To protect the health and well-being of patients and staff, please help us comply with our new office policies. By signing below, you understand the risk during this time.

Patient Name: _____

Patient/Responsible Party Signature: _____

Date: _____