



2130 Northeast Loop 410, Ste 375 • San Antonio, Texas 78217
8235 S New Braunfels Ave, Ste. 211 • San Antonio, Texas 78235

Name: _____

DOB: _____

COVID-19 Pandemic Treatment Consent Form

_____ I understand the novel coronavirus causes the disease known as COVID-19. I understand the novel coronavirus virus has a long incubation period during which carriers of the virus may not show symptoms and still be contagious.

_____ I understand that due to the frequency of visits of other patients, the characteristics of the novel coronavirus, and the characteristics of procedures, that I have an elevated risk of contracting the novel coronavirus simply by being in a medical office.

_____ I confirm that I am not presenting any of the following symptoms of COVID-19

- Fever
- Cough
- Sore Throat
- Shortness of breath
- Difficulty Breathing
- Flu-like symptoms
- Runny Nose

_____ I confirm that I am not currently positive for the novel coronavirus.

_____ I confirm that I am not waiting for the results of a laboratory test for the novel coronavirus.

_____ I verify that I have not been identified as a contact of someone who has tested positive for novel coronavirus or been asked to self-isolate by any governmental health agency.

I verify the information I have provided on this form is truthful and accurate. I knowingly and willingly consent to have this treatment completed during the COVID-19 pandemic.

SIGNATURE OF PATIENT

DATE