



Patient consent for treatment during COVID-19 pandemic

I understand the COVID-19 a worldwide pandemic that is extremely contagious, and is believed to be spread by person-to-person contact. As a result, social distancing is recommend, but this is not entirely possible with my proposed treatment. However, I am satisfied that safety measure are in place to minimise risk as much as possible, and patient contact will be kept to an absolute minimum in line with medical need.

I understand that Caroline is closely monitoring the COVID-19 situation and has put into place reasonable preventative measures aimed to reduce the spread of COVID-19. However, given the nature of the virus, I understand there is an inherent risk of becoming infected with COVID-19 by virtue of proceeding treatment. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this elective procedure, and I give my permission to proceed.

I understand the COVID-19 virus has a long incubation period during with carriers of the virus may not show symptoms and still be highly contagious. I understand that COVID-19 can cause addition health risks, some of which may not currently be known at this time, in addition to those risks associated with the procedure itself.

I have given the option to defer my procedure to a later date. However, I understand that should a complication arise and a lockdown enforced, face to face consultations will be possible, and instead, assessment and management can only be provided by telephone or video call remotely. Corrective procedures will not be possible until lockdown is released. If this risk is unacceptable, then I should not proceed with my treatment. No refunds or financial compensation can be offered in these circumstances. However, 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 procedure.

I confirm that I am not presenting with an of the following symptoms of COVID-19 listed below:

- Fever
- Shortness of breath
- Loss of sense of taste or smell
- Dry cough
- Runny nose
- Sore throat

I confirm that if I develop COVID-19 symptoms following my procedure or a known contact of mine develops symptoms, I will immediately inform Caroline to enable appropriate measures to be put in place and contact tracing to commence.

Signature: Name: Date: