



Until further notice please note the following regarding all appointments at our office:

- *We are requiring that all patients wear a mask or facial covering to your appointment.*
- During this pandemic, we want to assure you that we are taking precautions to keep our patients and staff safe. We will be following CDC guidelines by screening all patients prior to their appointment, enhancing workspace sanitation and requiring all staff and patients to wear masks.
- **Please do not** come into the office:
  - If you have 14 days prior to your appointment travelled domestically to New York or New Jersey
  - If you have 14 days prior to your appointment travelled via any means of public transportation (plane, train, etc)
  - If you have recently travelled internationally within 14 days prior to your appointment.
- **Please do not** come into the office if you have currently (or 14 days prior to your appointment) have/had any of the following symptoms:
  - Fever greater than 100 degrees Fahrenheit
  - Difficulty breathing or shortness of breath
  - Cough
  - Chills
  - Muscle pain
  - Sore throat
  - New loss of taste or smell
  - Nausea
  - Diarrhea
  - New onset headaches
- We advise you to not come in if you are older and suffer from any severe underlying medical condition such as heart disease, lung disease, diabetes or if you are immunocompromised.
- In addition, please do not come in for your appointment if you have been exposed to anyone sick, this includes healthcare workers exposed to COVID-19 patients.
- Please minimize belongings that you bring into the office and only bring in necessities such as keys and phones. We prefer no purses or jackets if possible.
- We will only be accepting payments online and therefore, we will not be accepting any cash or checks.
- Lastly, please do not bring anyone with you to your appointment unless absolutely necessary (minors will still be required to have a parent or guardian present unless we have signed consent on file that they may be seen alone). We would like to minimize all potential exposure for everyone.

\*\*Upon arrival to our building, we will ask you several questions, take your temperature and have you sign a liability waiver.

We then ask that you wait in your car after you have checked in and we will text you when we are ready for you.

Please feel free to call with any questions at 770-393-9000

Also, we will temporarily be offering a reduced price on IV therapy to help boost your immune system. Each treatment is currently \$100 (normally \$125) and takes about 1 hour for infusion. Although, this is by no means a cure or treatment for COVID-19, it is a great way to boost your immune system during this time! Please call the office ahead of time for an appointment and let us know if you would like this service.

Thank you and we look forward to seeing you!

Your ASC Team

COVID-19 RISK INFORMED CONSENT

AESTHETIC SPECIALTY CENTRE, PC

I \_\_\_\_\_ (printed patient name) understand that I am opting for an elective treatment/procedure/surgery that is not urgent and may not be medically necessary.

I also understand that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. I further understand that COVID-19 is extremely contagious and is believed to spread by person-to-person contact; and, as a result, federal and state health agencies recommend social distancing. I recognize that Marc Yune, MD and all the staff at Aesthetic Specialty Centre, PC and M2 Real Estate Holdings, LLC are closely monitoring this situation and have put in place reasonable preventative measures aimed to reduce the spread of COVID-19. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this elective treatment/procedure/surgery, and I give my express permission to Marc Yune, MD and/or the staff at Aesthetic Specialty Centre, PC to proceed with the same.

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

I understand that possible exposure to COVID-19 before/during/after my treatment/procedure/surgery may result in the following: a positive COVID-19 diagnosis, extended quarantine/self-isolation, additional tests, hospitalization that may require medical therapy, intensive care treatment, and possible need for intubation/ventilator support, short-term or long-term intubation, other potential complications, and the risk of death. In addition, after my elective treatment/procedure/surgery, I may need additional care that may require me to go to an emergency room or a hospital.

I understand that COVID-19 may cause additional risks, some or many of which may not currently be known at this time, in addition to the risks described herein, as well as those risks for the treatment/procedure/surgery itself.

I have been given the option to defer my treatment/procedure/surgery to a later date. 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 treatment/procedure/surgery.

While we are taking the safety of anyone entering the building very seriously, by implementing strict safety sanitation guidelines, we cannot guarantee that these measures will prevent you from contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and that such exposure may result in illness, and even death. In addition, by signing below, I agree to not hold Aesthetic Specialty Centre, PC, Marc Yune, MD or M2 Real Estate Holdings, LLC liable whatsoever for any COVID-19 exposure.

Patient/guardian name \_\_\_\_\_  
PRINTED NAME

Patient/guardian signature \_\_\_\_\_ Date \_\_\_\_\_  
SIGNATURE

Employee initials \_\_\_\_\_ Patient ID \_\_\_\_\_ Date \_\_\_\_\_