



Parent or legal guardian's name

Brian Hirschy

What is the patient's name?

Bob Hirschy

Describe the car you're in, so we can find it to check you in.

Red Buick lasabre next to your sign

Have you, or anyone with you, traveled overseas in the last 14 days?

No

Have you, or anyone with you, traveled within the USA by air, bus, or train in the last 14 days?

No

Have you, or anyone with you, been tested for COVID-19 and are awaiting the results?

No

Have you, the patient, or any of your recent acquaintances tested positive for COVID-19 or any other diseases in the last 14 days?

No

Have you come into contact with anyone experiencing symptoms of COVID-19 in the last 14 days?

No

Have you, the patient, or anyone with you, experienced a persistent cough in the last 14 days?

No

Have you, the patient, or anyone with you, experienced shortness of breath in the last 14 days?

No

Have you, the patient, or anyone with you, experienced chest pressure in the last 14 days?

No

Have you, the patient, or anyone with you, had a fever in the last 14 days?

No

Are you 65 years or older?

No

Do you have any chronic immune or systemic conditions?



No

Consent to Treatment

As with any illness, anyone can be exposed to COVID-19 at any time or place. We have always followed all recommended guidelines, laws and disinfection protocols in our office.

Even with our careful attention, the chance remains that you could be exposed in our office, just as you might be anywhere.

We've taken significant measures to keep you safe, however, it's not always possible to maintain a constant distance between the patient, our office staff, and sometimes other patients.

✓ Although exposure is unlikely, do you accept the risk and consent to treatment?

Parent/Guardian Signature

A handwritten signature in black ink, appearing to read "Britt", is written over a faint horizontal line.

Office ID

nwo