



**Sayeh Eshraghi, MD**  
**LA Wellness Boutique**

**Consent for Medical Treatments During COVID-19 Pandemic**

I, \_\_\_\_\_, understand that I am opting for medical treatment at the office of Dr. Sayeh Eshraghi, MD. I understand that the option to have virtual consultations is a possibility.

I understand that COVID-19 is believed to be spread by person-to-person contact and, as a result, federal and state health agencies recommend social distancing. However, I understand that physical distancing of 6 feet may not be possible while receiving treatments in the office of Dr. Sayeh Eshraghi, MD.

I understand that I must wait in my car and call or text (818-858-1182) upon arrival so that a temperature check can be done prior to entering suite 107 and the office of Dr. Sayeh Eshraghi, MD. I also agree to sanitize my hands before entering the office and that I must wear a mask that covers my mouth and nose while in common areas.

Please read ALL the following statements and check off all the statements that apply to you:

- I confirm that I am not currently positive for the novel coronavirus and I am not waiting for the results of a laboratory test for the novel coronavirus.
- I verify that I have not traveled outside of California by air, cruise ship, car, bus, or train in the past 14 days.
- I verify that I have not been identified as a contact of someone who has tested positive for the novel coronavirus or been asked to self-isolate by health care providers, the Communicable Disease Control or any other government agency.
- I confirm that I am not presenting with any of the following symptoms of COVID-19:
  - Fever > 38°C
  - Flu-like symptoms: Cough, Sore Throat, Chills o Shortness of Breath; Difficulty Breathing
- I understand that I may NOT bring family members– including children, friends, pets and/or any other individuals, into the office of Dr. Sayeh Eshraghi, MD, if they do not have an appointment.

I understand that the staff of Dr. Sayeh Eshraghi, MD will do everything possible to minimize the spread of COVID-19 by wiping all hard surfaces, such as door handles, iPads, payment terminals, and countertops before, in-between and after each patient, and thus, they cannot be held responsible should I contract COVID-19.

I will immediately notify the office of Dr. Sayeh Eshraghi, MD, if I contract the virus within two weeks following my visit.

I verify the information I have provided on this form is truthful and accurate.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_