

# GLASGOLD GROUP

## PLASTIC SURGERY

COVID-19 screening is an important new requirement for patients being seen in medical offices and/ or undergoing elective procedures.

As we begin to see patients in the office and perform procedures, some new policies will be in effect:

1. A very limited number of patients at a time will be seen in the office. All accompanying family or friends will be asked to stay in their car and wait for the patient outside.
2. Our staff will be wearing masks and appropriate personal protection equipment (PPE), and **all patients will be required to wear masks upon presenting to the office.**
3. The office and exam rooms will be wiped down and properly cleaned between each patient.
4. Patients who are being seen will be asked to wait in their car until they are notified by text or call that the office is prepared for their visit. (Prepared means the previous patient will have left, and the office will have been wiped down with virucidal wipes.)
5. All patients will be screened by the accompanying questionnaire as well as have their temperature and oxygen saturation taken upon arrival to the office. This screening process will take place in the lobby outside the office and is in place for patient safety as well as the safety of the office staff. A temperature greater than 100.4 or a concern based on the screening questionnaire will necessitate a postponement of your visit and a recommendation for follow-up with your primary care physician.
6. We ask that you fill out the attached credit card form and bring it with you to your appointment. This allows us to charge your card after you leave. You will not need to stop at the front desk to check out. We will not be accepting cash or checks at this time. You can pay via credit card, gift card or Zelle. We will call you with your total shortly after you leave the office. We can email or mail you your receipt.
7. You will need to call the office after you leave to make your next appointment.

We realize that these requirements may seem burdensome, but in our current situation, this is in the best interest of your health and the health of those around you. We appreciate your participation in our efforts to assure your safety and maximize your health and outcomes.

Thank you for your cooperation.

Karen Coar, BSN, RN  
Director of Nursing

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COVID-19 SCREENING QUESTIONNAIRE

Please answer the following by circling YES or NO:

1. Have you been within 6 feet of a person with a lab-confirmed case of COVID-19, or had direct contact with their mucus or saliva, in the past 14 days?  
YES / NO
  
2. In the last 48 hours, have you had any of the following symptoms?  
Fever of 100.4 F (38 C) or above YES / NO  
New trouble breathing, shortness of breath or severe wheezing YES / NO  
New chills, shivering, or sweating YES / NO  
New muscle aches YES / NO  
Sore throat YES / NO  
Diarrhea YES / NO  
New loss of smell or taste, or a change in taste YES / NO
  
3. Have you been tested for COVID-19? YES / NO  
If so, date \_\_\_\_\_ result \_\_\_\_\_
  
4. Have you been in contact with someone who has tested positive Covid-19? YES / NO
  
5. Have you been told by a public health official that you may have been exposed to coronavirus (COVID-19)? YES / NO
  
6. Have you followed social distancing and routine hand hygiene practices over the past 4 weeks? YES / NO
  
7. Are you employed in a grocery store, hospital, medically related environment, or other "essential service" environment? YES / NO

I attest that the above answers are true. \_\_\_\_\_  
Signature Date

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Credit Card Authorization and Service Provided Form

Please complete the below giving Glasgold Group Plastic Surgery the authorization to charge your credit card after you leave.

You will not need to stop at the front desk to check out. If you need to make another appointment, please call the office to do so. Please bring this form with you when you see your provider.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

CCV: \_\_\_\_\_

Provider you are seeing today: \_\_\_\_\_

Signature: \_\_\_\_\_

For Provider to Complete

Botox: \_\_\_\_\_ Dysport: \_\_\_\_\_ Jeuveau \_\_\_\_\_

Number of Areas Injected: \_\_\_\_\_

Filler Injected: \_\_\_\_\_

Number of Syringes Injected: \_\_\_\_\_

Notes: \_\_\_\_\_

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I \_\_\_\_\_ (patient name) understand that I am opting for an elective appointment/treatment/procedure 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 **Dr. Mark Glasgold / Dr. Robert Glasgold** and all the staff at the Glasgold Group, LLC are closely monitoring this situation and have put in 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 with this elective appointment. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this elective appointment/treatment/procedure, and I give my express permission for **Dr. Mark Glasgold / Dr. Robert Glasgold** and all the staff at the Glasgold Group, LLC to proceed with the same.

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 elective appointment/treatment/procedure.

**INFORMED CONSENT FOR COVID-19 RISK**

RISK I UNDERSTAND THE EXPLANATION AND HAVE NO MORE QUESTIONS AND CONSENT TO THE PROCEDURE.

\_\_\_\_\_  
Patient or Person Authorized to Sign for Patient

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date/Time

I have been offered a copy of this consent form (patient's initials) \_\_\_\_\_

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### Zelle Instructions

Zelle® is a fast, safe and easy way to send money to friends and family. It's similar to cash. So you want to make sure you use it to pay only people you know and trust, like your roommate, your dad or your dog sitter. Not people you don't know, like that stranger selling suspiciously cheap concert tickets on the Internet. Look for Zelle in your banking app, and pay it safe out there.

If you don't have Zelle available through your bank or credit union, you can still use it! Simply download the Zelle app in the App Store or Google Play and enroll an eligible Visa® or Mastercard® debit card. After you enroll, you can send and receive money with confidence to almost anyone you trust.

To pay for your Glasgold Group Services:

Access the Zelle app on your financial institution app or download the Zelle app on your phone. Use the email address: [bookkeeper@glasgoldgroup.com](mailto:bookkeeper@glasgoldgroup.com)