

Cristina F. Keusch M.D., P.A., F.A.C.S.

DIPLOMATE AMERICAN BOARD OF PLASTIC SURGERY
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Dear Patient,

We appreciate your choosing our practice for your plastic surgical and aesthetic needs. As always, we at BOCA RATON PLASTIC SURGERY CENTER consider your safety to be our highest priority.

This is an unprecedented time in our recent history. In addition to all of the steps we routinely take to ensure a safe experience at our office, we have implemented additional measures to comply with the CDC and other experts in the field of infection control and prevention in surgical centers for the pandemic. These interventions may create some inconvenience for everyone, however, we assure you that we are acting in your best interests, and ask for your cooperation during this time. Some of the changes you will notice include, social distancing, wearing masks, longer intervals between scheduled visits during the day to allow for enhanced disinfection between patients, the need to wait in your vehicle until we can bring you directly to an exam room, facility entry restricted to staff and patients only, multiple health screenings prior to and on the day of your appointment, increased focus on hand hygiene, testing as available for COVID-19 as part of the preoperative medical clearance and telehealth encounters with the surgeon and staff for some of your preoperative and postoperative visits. Behind the scenes, we have mandatory daily health screenings of our staff, perform facility enhanced cleaning at the end of every day with EPA registered agents approved for COVID-19, review frequently local, state and Federal guidelines to update our policies as needed and monitor the community need for resources to ensure availability for elective surgery.

We remain committed to your safety and hope that this information helps to put you more at ease in our care. Should you have any questions please do not hesitate to contact us.

Sincerely,

BOCA RATON PLASTIC SURGERY CENTER

CRISTINA F. KEUSCH, M.D., P.A.



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THE AMERICAN SOCIETY
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*The Mark of Distinction
In Cosmetic Plastic Surgery®*

Use of Cloth Face Coverings to Help Slow the Spread of COVID-19

How to Wear Cloth Face Coverings

Cloth face coverings should—

- fit snugly but comfortably against the side of the face
- be secured with ties or ear loops
- include multiple layers of fabric
- allow for breathing without restriction
- be able to be laundered and machine dried without damage or change to shape

CDC on Homemade Cloth Face Coverings

CDC recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies), especially in areas of significant community-based transmission. CDC also advises the use of simple cloth face coverings to slow the spread of the virus and help people who may have the virus and do not know it from transmitting it to others. Cloth face coverings fashioned from household items or made at home from common materials at low cost can be used as an additional, voluntary public health measure.

Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the cloth face covering without assistance. The cloth face coverings recommended are not surgical masks or N-95 respirators. Those are critical supplies that must continue to be reserved for healthcare workers and other medical first responders, as recommended by current CDC guidance.

Should cloth face coverings be washed or otherwise cleaned regularly? How regularly?

Yes. They should be routinely washed depending on the frequency of use.

How does one safely sterilize/clean a cloth face covering?

A washing machine should suffice in properly washing a cloth face covering.

How does one safely remove a used cloth face covering?

Individuals should be careful not to touch their eyes, nose, and mouth when removing their cloth face covering and wash hands immediately after removing.



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[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

COVID-19 INFORMED CONSENT AGREEMENT

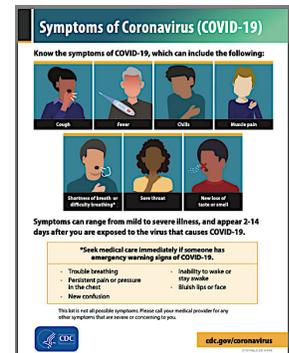
Risk of Exposure. I, the undersigned individual, consent to an in-person consultation and/or to have my Doctor and/or his/her staff (hereinafter collectively “my Doctor”) perform medical procedures, whether regarded as necessary, elective or aesthetic, during the time of the COVID-19 pandemic and after. I understand in-person consultations and/or having my procedure performed at this time, despite my own efforts and those of my Doctor, may increase the risk of my exposure to COVID-19. I am aware that exposure to COVID-19 can result in severe illness, intensive therapies, extended intubation and/or ventilator support, life-altering changes to my health, and even death. I am also aware of the possibility that the procedure itself, whether performed in my Doctor’s office or in a hospital, may result in a more severe case of COVID-19 than I might have had without the procedure.

Infection Control Procedures. I also understand in-person consultations and/or having my procedure performed at this time increases the risk of my transmission of COVID-19 to my Doctor. This virus has a long incubation period, there may be as yet unknown aspects of its transmission, and I realize that I may be contagious, whether or not I have been tested or have symptoms. To reduce the possibility of COVID-19 exposure or transmission at my Doctor’s office, I accept that my Doctor will implement infection-control procedures with which I must comply, before, during and after my consultation and/or procedure, for my own protection as well as that of my Doctor. I understand my cooperation is mandatory, whether or not I personally feel such COVID-19 procedures and/or preventive measures are necessary.

Testing. I have informed my Doctor of any COVID-19 testing I or any person living with me during the past 14 days has received, as well as the results of that testing, and if I am tested between now and the date of my procedure, I will immediately provide the results of that testing to my Doctor. I understand my Doctor may require that I be tested, possibly at my own expense and regardless of any prior testing, and that the results of that testing must be satisfactory to my Doctor, before I may receive my procedure.

Symptoms. I confirm neither I nor any individual living with me has any of the COVID-19 symptoms listed by the Centers for Disease Control here:

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19-symptoms.pdf> and printed on the reverse of this form, which information I have consulted; neither I nor any individual living with me during the past 14 days has experienced any such symptoms; and that I and all persons living with me for the past 14 days have practiced all personal hygiene, social distancing and other COVID-19 recommendations contained within all governmental orders issued by my city and state. I understand I must honestly disclose this information to avoid putting myself and others at risk.



My Consents. All topics above have been discussed with me, and all my questions have been answered to my satisfaction. Being fully informed, I accept the risk of COVID-19 exposure and I will bear the cost of any COVID-19 treatments required. I have been given the opportunity to postpone my in-person consultation and/or procedure until the COVID-19 pandemic is less prevalent, but I choose to have my in-person consultation and/or procedure performed now. If I am the parent, guardian or conservator of the patient, I hold his/her health care power of attorney. I have read this COVID-19 Informed Consent Agreement and am authorized to consent on the patient's behalf.

Individual/Patient/Authorized Representative Signature and Initials

Print Name & Date **[First encounter]**

Individual/Patient/Authorized Representative Signature and Initials

Print Name & Date **[Day of procedure]**



Notice and Disclaimer. Medical information changes constantly. This COVID-19 Informed Consent Agreement sets forth the current recommendations of The Aesthetic Society, is provided for informational purposes only, and does not establish a new standard of care. June 2, 2020

Symptoms of Coronavirus (COVID-19)

Know the symptoms of COVID-19, which can include the following:



Symptoms can range from mild to severe illness, and appear 2-14 days after you are exposed to the virus that causes COVID-19.

***Seek medical care immediately if someone has emergency warning signs of COVID-19.**

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.



cdc.gov/coronavirus

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