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Supplemental Treatment Consent – COVID-19 Pandemic

I understand that Covid-19 has been declared a worldwide pandemic by the World Health Organization. Covid-19 is extremely contagious and is believed to spread by person-to-person contact. Health agencies therefore recommend social distancing efforts and Personal Protective Equipment for situations that require close contact.

I recognize that Dr. Bray, other medical providers and staff are closely monitoring this situation and have put in place reasonable preventive measures targeted to reduce the spread of Covid-19. Given the nature of the virus, however, I understand there is an inherent risk of becoming infected with Covid-19 by virtue of proceeding with this elective treatment.

I understand that even if I have been tested for Covid-19 and received a negative result, the tests in some cases may fail to detect the virus (a false negative) or that 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, proceeding with the elective treatment might lead to a higher risk of complications.

I understand that Covid-19 might cause additional risks which may not be known at this time, in addition to the risks described in this Informed Consent, as well as those risks for the treatment itself.

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.

I _____ understand that I am opting for an elective treatment that is not urgent and is not medically necessary. I understand the explanation, have no further questions, and consent to the procedure.

Patient Signature: _____

Date: _____