

Integrative Medical Associates

**D. Graeme Shaw, M.D.**

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PATIENT NOTICE- ACKNOWLEDGEMENT FORM

Receiving Medical Treatment during the COVID-19 Pandemic

Dear Patient,

You have a scheduled appointment(s) in our office during the COVID-19 pandemic. While our office complies with guidelines set to help prevent the spread of the virus, we cannot make any guarantees of non-infection. Our staff is symptom-free and has not been exposed to the virus to the best of our knowledge.

However, since we are a public location, other persons (including other patients) could be infected without our knowledge. To protect the health and well-being of patients and staff, please help us comply with our new office policies.

By signing below, you understand the risk during this time.

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

Patient/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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