

CHESAPEAKE P L A S T I C S U R G E R Y

Dear Patients and Families:

We hope this letter finds you and your family in good health. We are excited to welcome you back to our office. While many things have changed, one thing has remained the same: our commitment to your safety.

Prior to opening our office, we have taken the highest level of precautions and safety measures to keep our patients and our team safe. These include sanitizing all areas throughout the day and between patients, ramping up our PPE gear, and other additional measures recommended by ASPS, ASAPS and ISPAN. We will follow the activities of these agencies so that we are up-to-date on any new rulings or guidance that may be issued. We do this to make sure our infection control procedures are current and adhere to each agencies' recommendations.

Please read and follow these steps prior to your appointment to ensure the utmost safety for our patients and staff.

- 1. Our office will communicate with you beforehand to schedule your next appointment (even if you are already scheduled.)** Appointments will be managed to allow social distancing guidelines. **ALL** appointment dates and times will be modified to maximize safety for all (for example, for our first weeks open, only low-risk procedures will be scheduled).
- 2. Appointment confirmations need to be done verbally, at least 24 hours prior to appointment.** If we do not get verbal confirmation, we will have to reschedule you so that it does not affect other patient's appointment times.
- 3.** We have reduced the number of patients seen each day. We also ask that you make an appointment to come into the office for skincare products.
- 4. Prior to your appointment, we will email a quick health screening** (attached to this email). Please email the form to us (stella@barlowmd.com) at least 3 days in advance of your

appointment. If you cannot email the form to us, please bring it with you to each appointment; however, email is preferred.

- 5. Please call (410.224.2395) from our parking lot upon arrival. You must wear a face mask before entering the office (they will not be provided).** We will meet you at our entrance and escort you to the treatment area. If you were unable to email us the forms, we will collect them at this time.
- 6. Only patients being seen/treated can enter the office. Additional family members are required to stay outside the office.**
- 7. You must arrive on time (not early or late) to minimize contact with others, as well as keep exposure to a minimum.**

We look forward to seeing you again in our office and to serving you once again. We understand you may be disappointed or frustrated with the postponement of your appointment. All of our modifications are to ensure that we have safest possible environment. Please know that we are doing our best to accommodate everyone in a safe and productive manner. We appreciate your patience with our team as we reach out to you individually to schedule your appointments. We value your trust and loyalty and look forward to welcoming our patients back.

Sincerely,

Dr. Barlow and the staff at Chesapeake Plastic Surgery

Patient Advisory and Acknowledgment

Receiving Elective/Cosmetic Treatment During the SARS-COV-2 Pandemic

Dear Patient:

You have presented to the office today for an elective/cosmetic treatment. While our office complies with the State Health Department and the Centers for Disease Control and Prevention infection control guidelines to prevent the spread of the SARS-COV-2 virus, we cannot make any guarantees.

Our staff are symptom-free and, to the best of their knowledge, have not been exposed to the virus. However, since we are a place of public accommodation, other persons (including other patients) could be infected, with or without their knowledge.

In order to reduce the risk of spreading SARS-COV-2, we have asked you several "screening" questions below. For the safety of our staff, other patients, and yourself, please be truthful and candid in your answers.

Patient/Responsible Party Signature

Date

PLEASE ANSWER "YES" OR "NO" WITH YOUR INITIALS, TO THE FOLLOWING QUESTIONS:

Do you have a fever? YES NO

Do you have any shortness of breath? YES NO

Do you have a dry cough? YES NO

Do you have any other flu-like symptoms? YES NO

Have you experienced recent loss of taste or smell? Contact with any confirmed COVID-19 positive people? Within the last 14 days: YES NO

Have you travelled to any foreign country? YES NO

Have you travelled within the US? YES NO

If so, where? _____