GRAND RIVER SURGERY CENTER LLC

I, _____, wish to proceed with my surgery with
(Print Name)
Dr. _____ on this date _____ at Grand River Surgery Center. I believe that the surgery is necessary to prevent short and/or long-term adverse effects to my overall health and quality of life. I am aware of the current COVID-19 crisis, and I choose to voluntarily undergo the surgery understanding the potential added risks of the current situation. I also agree that I will cooperate with all COVID-19 screening and social distancing measures put in place by Grand River Surgery Center while I am a patient of Grand River Surgery Center.

Date/Time: _____ Signed: _____
(Patient)

Date/Time: _____ Signed: _____
(Witness)

Patient Label