

Name of the Hospital / Clinic:

Name of the Doctor:

Date & Time of Appointment:

DECLARATION

In spite of the ongoing Covid Lockdown scenario, I have voluntarily come to the hospital/clinic to get treated for my Emergency / Acute Dental/maxillofacial Problem.

I am currently unaware of Covid-19 status. Since I can unknowingly transmit the viral infection to the doctors or hospital staff, I declare that I will adhere to all the precautions and protocols laid down.

I am also aware that I risk contracting the Covid-19 infection from the hospital staff or doctors during the course of my treatment there in-spite of them having adhered to all the acceptable standards of care. In such an eventuality of this happening to me or the person accompanying me, I will not hold the doctors and any hospital staff responsible for this.

Patients' Name:

Email Id:

Mobile No:

Address:

Vehicle no:

Patients Signature:

Witness Signature:

Relationship of witness
to the Patient:
