

JUSTIFICATION FOR ESSENTIAL PROCEDURE FORM

Recommendations from the U.S. Surgeon General, The American College of Surgeons, Centers for Medicare and Medicaid Services, the Ambulatory Surgery Center Association and the State of Florida's Executive Order 20-72, Emergency Management-COVID-19-Non-essential Elective Medical Procedures has prompted us to ensure higher levels of safety at the center. Until further notice, all procedures will require an attestation from the performing physician for appropriateness at the center during this outbreak.

- After careful review of this procedure with the patient and in my judgment, postponing this procedure will adversely affect the patient's short or long-term health. This decision is with full understanding and in compliance with the State of Florida's Executive Order and the recommendations published by the Centers for Medicare and Medicaid Services.

Patient Name: _____ DOB: _____

Surgical Procedure: _____

Reason for not postponing: _____

Physician Name: _____

Physician Signature: _____