



Ilona C. Casellini, D.M.D.

Swiss Quality Smile

WESTWOOD MEDICAL PLAZA

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I have informed the office that I have answered NO to all Covid-19 screening questions.

I have discussed with Dr. Casellini the pros and cons of contracting COVID-19.

I am aware that there is a \$10 Covid-19 PPE charge on all appointments.

I am satisfied that Dr. Casellini has answered all my questions.

Although there are no guarantees in regards to the possibility of contracting COVID-19, I understand Dr. Casellini is following safety protocols as to best protect myself and staff during my treatment. I understand I have the opportunity to delay treatment and I have elected to have the procedure at this time.

Patient Signature

Date