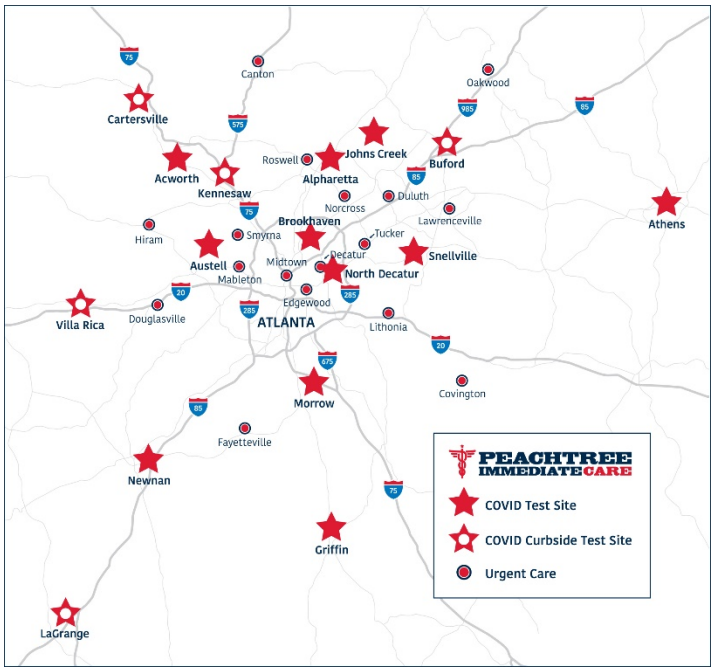
PEACHTREE IMMEDIATE CARE
Get in. Get out. Get better.

Pre-Operation COVID-19 Testing Clearance

As governments remove stay-at-home orders during the COVID-19 pandemic, medical offices are also reopening, including many surgical offices. As a pre-requisite for surgical and other procedures, some specialists are requiring a COVID-19 test confirming a patient is not carrying the virus. In fact, some states are requiring this testing within 7 days of any surgical procedure.



Peachtree Immediate Care, the urgent care partner of the Emory Healthcare Network, now operates the largest drive-thru testing network in Georgia and covers over 88% of the metro Atlanta population within 25 minutes of driving. We can facilitate this "pre-op testing" process and provide the results to both the patient and your medical practice in a timely fashion.

We can make this a simple process for your medical office. No pre-registration is required by the medical practice:

1. Fill in the attached "Patient Consent Form" as the referring medical facility.
2. Have your patient fill out "Patient Information" section, including their signature and date.
3. Instruct your patient to take the form to one of our 16 testing sites. They can visit **peachtreemed.com** and select a nearby location to make an appointment online. An appointment is required for testing. The referral form should be placed on their dash as they enter the testing site.
4. Email the fully completed form **after** the patient has been tested to: PreOpConsent@peachtreemed.com.
5. Once testing results return, both the patient and the medical practice will be emailed the results.

Please visit www.peachtreemed.com for more information or contact us at info@peachtreemed.com.

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EMORY HEALTHCARE NETWORK

Patient Consent Form

[Place this sheet on your car's dashboard]

COVID-19 Patient Testing

Referring Medical Facility:

Print Facility Name: _____

Contact Name: _____

Contact Phone Number: _____

Date of Surgery/Procedure:_____ Test Required: **PCR**

Email for Returned Results: 1) emory.covidresults@emoryhealthcare.org

and to the practice, 2) _____

Patient Information:

I,_____, consent to a (1) nasal, nasopharyngeal or oropharyngeal swab for COVID-19 Testing, and (2) that my results can be released via standard email to both me and the above-named medical facility.

I affirm that I am the above-named patient and understand the above conditions. I authorize Peachtree Immediate Care to conduct COVID-19 Testing for pre-surgical clearance. I release Peachtree Immediate Care from any liabilities, claims, and causes of action (known or unknown, contingent or fixed) that may result from these tests.

Print Patient Name: _____

Date of Birth: _____/_____/_____ Cell Phone: _____

Patient Email: _____

Patient Signature: _____

Today's Date:_____/_____/_____

Visit **peachtreemed.com** for site information and to pre-register on the day of the visit

Updated 7/2/2020