

In accordance with the executive order issued by The Ohio Department of Health, effective Wednesday, March 18<sup>th</sup>, 2020 at the end of business, all surgeries at XXXXXXXXXXXX Center not meeting one of the following criteria will be delayed until further notice:

PT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

PROCEDURE: \_\_\_\_\_ DOS: \_\_\_\_\_

- Threat to the patient's life if surgery or procedure is not performed

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- Threat of permanent dysfunction of an extremity or organ system

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- Risk of metastasis or progression of staging

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- Risk of rapidly worsening to severe symptoms

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**By signing below, I attest that this procedure meets the above noted criteria:**

**Physician:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Medical Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_