

Consent for use of Hydroxychloroquine

It is my request and desire, following consultation with my physician, to be treated with hydroxychloroquine, zinc, and either Zithromax or Doxycycline, in case of Zithromax allergy or some other reason I can't use Zithromax. I have been diagnosed clinically with COVID-19 at the office and I have been advised to go to the closest COVID-19 test site, or hospital emergency room, to confirm the diagnosis. I have been further informed to self quarantine, and to go to the emergency room if my condition worsens. It is my understanding that the combination of hydroxychloroquine, zinc, and either Zithromax or Doxycycline is not currently approved by the Texas Medical Association or the Federal Drug Administration for the treatment of COVID-19 at this time; however, I am aware of the anecdotal case studies that it can be effective in limiting the COVID-19 symptoms, including death. I agree that I have been advised of the potential risks (including but not limited to a possible heart arrhythmia and eye damage) and I have agreed to be treated with these medications in spite of these risks and limited evidence of clinical efficacy. I agree that all of the questions from the patient/patient's family on this issue have been answered, and as the treating physician I have made no promises or guarantees to cure. Lastly, I agree that any and all disputes shall be filed and settled by arbitration by the rules and regulations promulgated by the American Arbitration Association.

Signature

Print Name

Date