

**PHYSICIAN ATTESTATION:**  
**MEDICAL OR SURGICAL PROCEDURE THAT CANNOT BE SAFELY  
POSTPONED**

Patient Name: \_\_\_\_\_ Patient DOB: \_\_\_\_\_

Facility: \_\_\_\_\_ Procedure Date: \_\_\_\_\_

Procedure(s): \_\_\_\_\_

Pursuant to the Louisiana Department of Health's Healthcare Facility Notice #2020-COVID19-ALL-006, issued March 18, 2020, I attest that, in my medical opinion and judgment, the medical or surgical procedure(s) described above CANNOT BE SAFELY POSTPONED until April 22, 2020.

This physician attestation shall become part of the patient's medical record.

Physician Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_