Minor Surgery Consent Form

I, (Printed Patient Name) ______________________________________ came to the office today to see Dr. Shaya / Dr. Karle / Dr. Gavorin / Dr. Asghar on ___________ (date) for evaluation and treatment of the following condition:

________________________________________________________________________

We discussed the different treatments possible and the risk of not treating the condition. Based on the advice given by Dr. Shaya / Dr. Karle / Dr. Gavorin / Dr. Asghar and my own judgment, I agree to undergo the following procedure(s):

_ Scar revision 
_ Skin or Nail biopsy 
_ Removal of lesion or tumor 
_ Removal of Foreign body from skin 
_ Other: _____________________________________________________________

We discussed the different outcomes that could occur and most of the possible complications, including the following:

- Possible need for further surgery if the entire lesion is not removed
- Allergic reaction to the anesthetic, dressing or other medications
- Pain
- Bleeding
- Infection

- Scar formation
- Local nerve damage or numbness
- Recurrence of the lesion
- Increase or decrease of skin pigmentation
- Persistent redness

I am aware that other unforeseeable complications could occur. I understand the risks and benefits of the procedure and have had the opportunity to have all of my questions answered.

I agree to follow the instructions for self-care after the procedure and to return for follow-up care on ______________ (date).

I will call the office or answering service if any problems arise before the scheduled follow-up visit.

____________________________________                      ______________________
Patient’s Signature                                            Date

____________________________________                      ______________________
Witness’ Signature                                              Clinician’s Signature

Cc: Patient