

**Karle Medical Group, P.C.**

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**Minor Surgery Consent Form**

I, (Printed Patient Name) \_\_\_\_\_ came to the office today to see a Karle Medical Group Provider 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 the Karle Medical Group provider 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