

SKIN SURGERY CONSENT

I came to the office today to see Dr. Pivovarov 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. Pivovarov and my own judgment. I agree to undergo the following procedure(s): (circle all that applies)

- Laceration repair
- Skin biopsy
- Removal of lesion or tumor
- Other _____

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

- Pain
- Bleeding
- Infection
- Scar formation
- Recurrence of the lesion
- Persistent redness
- Increase or decrease of skin pigmentation
- Local nerve damage or numbness
- Allergic reaction to the anesthetic, dressing, or other medications
- Possible need for further surgery if the entire lesion is not removed

I am aware that other unforeseeable complications could occur. I understand the risks and benefits of the procedure and have 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 _____ day.

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

Patient's signature

Date/Time

Clinician's signature

Date/Time