

Charles R. Sexton, MD

Dermatology



General Procedure Consent

Patient's Name _____ Date: _____

This form is called an "Inform Consent." Its purpose is to inform you about the surgical, diagnostic or therapeutic procedure that your physician may recommend that you undergo. You should read the form carefully and ask questions before you decide whether or not to give consent for a procedure, treatment, prescription, etc.

During the course of your visit here, the doctor may recommend that you have one or more minor procedures performed. These procedures include skin biopsies, ED & Cs (electrodessication and curettage), liquid nitrogen treatments, excisions, incisions, surgical shaves, destruction of lesions, and injection of medication including local anesthetic and corticosteroids, chemical peels, and others.

I acknowledge that no guarantee or assurance has been given by anyone as to the results that may be obtained.

I acknowledge that the procedure has been explained to me, as well as the risks of anesthetic, alternatives, discomfort and other possible risks.

I consent to the photographing of the face, operations or procedures to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, providing my identity will not be revealed by the pictures or by descriptive texts accompanying them except when necessary in the medical records. YES _____ NO _____

I hereby grant authority to administer any treatment, or to administer such anesthetics and to perform the above procedures.

Risks

I understand that any skin procedure may be complicated in the short or long term by infection, pain, unexpected allergic or irritant reaction to injected medication or bandage materials, bleeding (including beneath the skin), and death of tissue around the operation sites; and in the long term by thick, wide, indented or tender scarring, recurrence or persistence of the tumor, "spitting" of deep sutures, pigmentary changes at the treatment or procedure site, nerve damage and even death.

All operations and procedures may involve risks of unsuccessful results, complications, injury, or even death, from both known and unforeseen causes, and no warranty or guarantee is made as to result or cure. You have the right to be informed of such risks as well as the nature of the operation or procedure, the expected benefits or effects of such operation or procedures, and the available alternative methods of treatment and their risks and benefits. You also have the right to be informed whether your physician has any independent medical research or economic interests related to the performance of the proposed operation or procedure. Except in cases of emergency, operations or procedures are not performed until you have had the opportunity to receive this information and have given your consent. You have the right to consent to or refuse any proposed operations or procedure at any time prior to its performance.

If applicable, I will be given instructions for aftercare of my condition and I will follow these instructions to the best of my ability.

By my signature below, I give my consent to have these procedures performed.

Signed: _____ Relationship if patient is a minor _____

Date: _____ Witness: _____