



CONSENT FOR CLINICAL PROCEDURE

Patient's Name: _____ Date of Birth: _____

Procedure to be performed: _____

The following are some of the common procedures performed by a Dermatologist:

- Skin biopsies and shave removal of skin lesions. These are performed to evaluate and/or remove suspicious lesions, irritated or symptomatic lesions, or aid in the diagnosis of skin problems.
- Curettage and dissection of tissue.
- Incision and drainage of superficial abscesses.
- Any other procedure as listed above.

Because these are considered minor surgical procedures, they have small risks associated with them. These include, but are not limited to: bleeding, infection, scarring, pigmentation changes, slow healing and recurrence of lesion(s). These procedures are performed with a local anesthetic only (Lidocaine). Sutures may or may not be required and will be discussed with you prior to the procedure should this be necessary.

The above statement(s) have been discussed with me. I understand them and have no further questions. I authorize Patricia Matheis, MD to perform the above procedure.

Do we have your permission to:

- | | | |
|---|------------------------------|-----------------------------|
| Notify you by email with benign (normal) results? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Leave a message on your phone with benign (normal) results? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Discuss your medical condition with any member of your household? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Signature: _____ Date: _____

Email: _____

Preferred Phone #: _____