

Advanced Skin Institute

Cutting Edge Medical, Surgical,  and Cosmetic Dermatology

www.advancedskininstitute.com

CONSENT FOR THE SURGICAL PROCEDURES NECESSARY TO THE PRACTICE OF DERMATOLOGY

- 1) I do hereby authorize the use of and the administration of such drugs, anesthetics, and other treatments, including the performance of Mohs skin cancer surgery, surgical excision with reconstruction including flaps, grafts, and complex surgical repairs should any of these be deemed advisable, desirable, or necessary for diagnostic, therapeutic, or investigational purposes by Dr. Hantash/Dr. Ammar/Dr. Fernandez, or by any physician, physician assistant or appropriately trained and/or licensed health care provider on the staff of the Advanced Skin Institute, for or upon me or the patient for which I am a legal guardian.
- 2) I further consent to the examination for diagnostic, investigational purposes, and disposal by authorities of the above named medical facility or its designates herein, of any tissue or parts which may be removed.
- 3) I understand that skin surgery involves removal of a piece of skin and that such removal may result in a permanent scar or in discoloration, change in texture or contour of the skin at the surgical site.
- 4) I understand that all specimens removed are sent for dermatopathologic analysis and that the charges for dermatopathology will be billed to my insurance. However, I understand that in certain cases, I may be responsible for a portion or all of the charges.
- 5) I understand that any of the above procedures may have some unwanted effects, which include, but are not limited to permanent scarring, swelling, allergic reaction, bruising, permanent discoloration of the skin at the site of treatment, atrophy (thinning or depression of the skin), infection, bleeding, functional impairment, pain, limitation in movement, contracture, nerve damage resulting in temporary or permanent numbness or temporary or permanent loss of function of certain muscles (paralysis).
- 6) I recognize the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees or assurances have been made to me concerning the results of such procedures. I also understand that further procedures may be necessary in some cases due to complications such as poor cosmetic outcome, recurrence of the lesion, secondary reconstruction for complete repair, itching, tingling, pain or tenderness at the surgical site.
- 7) I have discussed the procedure for which I am signing below with the staff at the Advanced Skin Institute. All of my questions have been answered to my satisfaction and in a manner and language with which I am comfortable. I am aware and accepting of all risks discussed with me and mentioned above.

I CERTIFY THAT I HAVE READ, FULLY UNDERSTOOD AND RECEIVED A COPY OF THE ABOVE CONSENT AND THAT I HAVE RECEIVED CLEAR EXPLANATIONS REGARDING THE PROVIDED INFORMATION.

Signature of Patient or Legal Guardian _____ Date: _____

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