

Consent For Surgery

I hereby request and authorize Teresa Mann, MD and such assistants as may be selected by her at pure.dermatology to perform skin surgery. I understand that there are certain risks inherent to any surgical procedure. Such risks include but are not limited to: bleeding, infection, hematoma, pain, tingling, numbness, permanent nerve damage, allergic reactions to local anesthesia, recurrence, incomplete removal, and objectionable scars. The doctor has made no promises or guarantees to me, oral or written, pertaining to the surgery. I recognize that every surgical procedure involves uncertainty and that no result can ever be guaranteed. I understand that both benign and malignant tumors and growths can recur, even after being surgically removed.

I also understand that during the course of the surgery, unforeseen conditions may necessitate an extension of the original procedure or a different procedure than those originally planned. I authorize the above named surgeon to perform such surgical procedures, as are necessary and desirable in their professional judgment.

I release the doctor from any responsibility that takes place as a natural complication of the surgery. I realize it is my responsibility to follow post-operative instructions. If problems such as bleeding or infection appear to exist, I will contact the doctor immediately.

I consent to the disposal of any tissue, removed in accordance with customary practice and procedure. I give permission to have any tissue removed during the surgery sent for histopathologic examination.

I consent to the administration of local anesthesia and understand that on very rare occasions allergic reactions to local anesthesia have resulted in death.

CONSENT:

The physician has explained to me the nature of my condition, the nature of the procedure, and the benefits to be reasonably expected compared with alternative approaches. The physician has discussed the likelihood of major risks and complications of this procedure including the risks listed above. The physician has also indicated that with any procedure there is always the possibility of an unexpected complication. I have read this informed consent and certify that I understand its contents in full. I have had enough time to consider the information from my physician and feel that I am sufficiently advised to consent to this procedure. I understand I may request a copy of this consent form.



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