



**Mid Florida
DERMATOLOGY**

407-299-7333 / 888-318-3183

PATIENT NAME: _____ DOB: ____/____/____

CONSENT FOR CLINICAL PROCEDURE

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 by the physician or one of his staff members should this be necessary.

The above statements have been discussed with me. I understand them and have no further questions. I authorize a qualified staff member of Mid Florida Dermatology Associates to perform the above procedure.

Do we have your permission to:

- Leave a message with benign (normal) results on your answering machine at home? YES NO
- Leave a message with benign (normal) results at your place of employment? YES NO
- Discuss your medical condition or results with any member of your household? YES NO

If yes, whom: _____ Relationship: _____

May we contact you via e-mail? YES NO E-mail: _____

Patient's Signature: _____ Date: ____/____/____
(Parent/Guardian if patient is a minor)

Witness: _____ Date: ____/____/____

This office is regulated pursuant to the rules of the Florida Board of Medicine as set forth in Chapter 64B*, Florida Administrative Code