

PATIENT INFORMED CONSENT AND RELEASE FOR SKIN LESION REMOVAL

I Hereby authorize and direct to perform Skin Lesion removal procedures on me. There are various benefits to this procedure, including:

- Removing protruding Skin Lesions that get in the way of shaving
- Reducing skin irritation and infection that can occur when certain Skin Lesions rub against clothing and/or jewelry.
- Achieving smoother, clearer skin.
- Enhancing appearance and improving self-esteem.
- This Skin Lesion removal procedure maybe viewed as COSMETIC.

The following points have been discussed with me:

- The potential benefits of the proposed procedure.
- The possible alternative procedures.
- The probability of success.
- The reasonably anticipated consequences if the procedure is not performed.
- The most likely possible complications/risks involved with the proposed procedure and subsequent healing period, including infection, scarring and skin discoloration.

I am aware of the following possible experience/risks with Skin Lesions being removed:

- DISCOMFORT – Some discomfort may be experienced during and after the procedure.
- INFECTION – Skin infection is a possibility although rare, whenever a skin procedure is performed.
- PIGMENT CHANGES (Skin Color) – During the healing process, there is a possibility that the treated area can become either lighter or darker in color compared to the surrounding skin. This is usually temporary, but on rare occasion, it may be permanent.
- SCARRING – Scarring is a rare occurrence, but is a possibility when the skin's surface is disrupted. To minimize the chances of scarring, it is IMPORTANT that you follow all posttreatment instructions carefully.

ACKNOWLEDGMENT

With this knowledge, I voluntarily consent to the above procedures. I realize that neither the doctor nor my personnel at Park Private Clinic has made any absolute guarantees to me regarding cure or improvement of my condition. I understand that I am free to withdraw my consent and discontinue participation in these procedures at any time. I waive my right to future litigation regarding my present health condition or result of this procedure by signing this agreement.

Signature..... Name.....

Date.....