

Name: _____

Date of birth: _____ - _____ - _____

CONSENT TO DERMATOLOGICAL PROCEDURES, TREATMENT, PHOTOGRAPHY

TO THE PATIENT: You have the right, as a patient, to be informed about your condition and the recommended procedure(s) to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

I (we) voluntarily request Zoltan Trizna MD, PhD as my physician and his associates and assistants and other health care providers as they deem necessary, to treat my condition which has been explained to me (us) as:

I (we) understand that the following surgical, medical, and/or diagnostic procedures are planned for me and I (we) voluntarily consent and authorize these procedures:

I (we) understand that my physician may discover other or different conditions which require additional or different procedures than those planned. I (we) authorize Dr. Trizna, and his associates and assistants to perform such other procedures which are advisable in their professional judgment.

Just as there may be risks and hazards in continuing my present condition without treatment, there are also risks and hazards related to the performance of the surgical, medical and/or diagnostic procedures planned for me. I (we) realize that a common risk is the potential for infection, blood clots in veins and lungs, hemorrhage, allergic reactions, and even death, among others. I (we) also realize that the following risks and hazards may occur: failure to remove the entire lesion, scarring, ulcers (sores that are slow to heal), lighter or darker pigmentation, bruising, pain, among others. Skin cancers and other growths may not be completely removed and/or can recur, necessitating additional procedure(s).

I (we) understand that local anesthesia involves additional risks and hazards but I (we) request the use of anesthetics for the relief and protection from pain during the planned and additional procedures. I (we) realize the anesthesia may have to be changed possibly without explanation to me (us). I (we) understand that certain complications may result from the use of any anesthetic including respiratory problems, drug reaction, paralysis, brain damage or even death.

I (we) authorize Dr. Trizna to use the removed specimen(s) for diagnostic purposes, educational and/or research purposes or otherwise dispose of the specimen(s). I (we) consent to taking of pictures of the lesion(s) and the procedure(s). These will be the property of Dr. Trizna and may be used for teaching and medical publication.

If during the procedure any of the treating personnel is exposed to my blood or body fluid, I (we) consent to me being tested for bloodborne pathogens as deemed necessary by Dr. Trizna, including repeated tests. If the insurance does not cover these costs, payment for the non-covered costs will be paid by Dr. Trizna.

I (we) have been given an opportunity to ask questions about my condition, alternative forms of anesthesia and treatment, risks of nontreatment, the procedures to be used, and the risks and hazards involved, and I (we) believe that I (we) have sufficient information to give this informed consent as I (we) understand the contents of this consent. I (we) understand that no warranty or guarantee has been made to me as to result or cure.

Patient's signature: _____

Witness: _____

Date: _____ - _____ - 201__

If the patient is a minor or is unable to sign: Signature of parent /guardian: _____

Print name of signing party: _____ Relation to patient: _____ Date: _____ - _____ - 20__

Zoltan Trizna, MD, PhD

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Wound Care Instructions

1. Remove the dressing after 24 hours.
2. Apply the antibiotic ointment of your choice liberally to the wound as long as you are not allergic to these. Do not let a dry scab form. Do not use fragrant products or "vitamin creams".
3. Wounds or suture lines may then be covered by a dry non-stick dressing or a Band-Aid. The wounds may be left open to the air as long as they are protected from dirt, dust or any kind of potential infection.
4. Repeat steps 2 and 3 twice daily. Change the dressing or Band-Aid, too.
5. Avoid strenuous activities that may pull or damage the wound. Avoid exposure to dirt, dust or chemicals.
6. Keep the wound as dry as possible (showering is OK, but replace the bandage if it gets wet). Avoid hot tubs, pools, open water.
7. If the wound becomes red, swollen, or painful, or if it begins to drain excessive amounts of pus, call us (do not leave a message) or seek emergency treatment.
8. It is common for wounds to ooze or bleed, especially during the first few hours after surgery. This is best controlled by applying constant, firm pressure to the bleeding site with a clean bandage, gauze or wash rag for 15 minutes. If the bleeding continues, repeat the pressure. If the bleeding still continues, call us (do not leave a message) or seek emergency treatment.
9. Smoking and sun exposure interfere with good wound healing.
10. You may take Tylenol or Extra-Strength Tylenol for pain. If the pain continues, call us.
11. Return to the clinic on the day of your scheduled appointment for the removal of your stitches or for follow up.
12. The results will be discussed at the time of suture removal.

Financial note: You will be billed separately for the laboratory evaluation (pathology) of the specimen(s), according to the information we were able to obtain from your insurance company. We make every effort to ensure the completeness and accuracy of the financial information based on what we can obtain from your insurance company.