

MOHS SURGERY CONSENT

1. The nature and purpose of the diagnostic procedure and/or operation, possible alternative methods and treatments, the risks and possible consequences involved, and the possibility of complications have been fully explained to me. I acknowledge that no guarantee or assurance has been made as to results that may be obtained. I understand that complications include, but are not limited to, bleeding, infection, scarring, abnormal pigmentation, recurrence, itching, numbness at or near the treatment site and need for further treatment.
2. I consent to the disposal of any tissue that may be removed or allow for tissue to be sent to pathology for diagnosis.
3. I consent to the administration of anesthesia to be applied by, or under the supervision of the physician and extended practitioners, and to the use of anesthetics, as he/she may deem necessary. I consent to the administration of blood transfusion, if required due to the procedure to be undertaken.
4. I certify that I have read and fully understand the above consent for diagnostic procedure and/or operation and that explanations therein referred have been made. I understand that Dr. Ricardo Berrios will be responsible for the evaluation and interpretation of skin tissue. I further acknowledge that all the blanks requiring insertion or completion were filled in before my signature.
5. I consent to the use of any photos that are taken be used for educational publication or quality improvement purposes.
6. I am aware that if during the insurance verification process my insurance plan was found to have a deductible and/or coinsurance, any procedures done will be billed separate from the office visit and an additional charge may apply. Procedures that may incur additional charges include but are not limited to skin biopsies, excision of lesions, drainage of infection, injections to skin, cryotherapy or freezing of lesions, and laser treatments. I am aware that any deductible/co-insurance will be due at the time of service.
7. I am aware that any skin tissue may be sent to an outside laboratory for additional evaluation and interpretation. This will incur additional charges and I understand that if I am responsible for any part of the bill for interpretation/evaluation I will receive the bill directly from the laboratory. I am aware that the laboratory is independent of Brandon Dermatology and does not serve as an agent or an employee. Brandon Dermatology and its providers are not responsible for those who make diagnosis and interpretations.
8. I have been given an opportunity to read a laminated copy of the consent form and a paper copy has been offered at my request to take home.

Diagnostic Procedure/Operation: _____

Patient Name: _____ Date: _____

Signature of Patient/Parent/POA: _____ Witness: _____