

CONSENT FORM - Cosmetic Mole Removal / Lesion Removal

Please ensure that you have had all of your questions answered by the Physician before signing.

Cosmetic Mole Removal / Lesion Removal

Every patient is unique in terms of what their goal is and how their mole presents itself, which ultimately determines the technique required for its removal. During your consultation with Dr. Tetelbaum, she will assess your mole(s) to determine the most appropriate course of action.

If determined to be benign, Dr. Tetelbaum can expertly remove your lesion under local anesthesia in the clinic under sterile conditions. A dressing may be applied. You will be given instructions on how to care for the site. You may be required to visit the clinic for a follow-up appointment in which sutures (if used) may be removed.

Techniques for removal may include: surgical excision with scalpel, laser removal, or cryotherapy (this treatment refers to the removal of skin lesions by freezing them, with the most commonly used agent being liquid nitrogen).

Ideal candidates for lesion removal are going to be those with smaller moles, lipomas, fibromas, skin tags, warts, age spots, and/or sun spots.

Cosmetic mole removal/lesion removal procedures are not covered by OHIP. The fee will be discussed at the consultation and payment is due on the date of procedure.

Risks and Complications

Please note: No medical provider can guarantee a "scarless" procedure. The procedure will be performed in a way meant to minimize the visibility of scarring.

The scar will initially be red and raised but usually reduces in colour and size over several months. The healing process can take between 3 months to 1 year. Some people have an abnormal response to skin healing and these people may get larger scars than usual (keloid or hypertrophic scarring).

If the area becomes reddened, very painful or drainage is present, please call the clinic (519-266-3600) as it could be infected.

Failure to comply with post-care instructions may result in undesired and unpredictable results.

Photographs

I authorize the taking of clinical photographs and their use for clinical purposes by the physician and the team. I understand my identity/confidentiality will be protected.

Disclosure of Health Information

- * I have provided full disclosure of my health history and medications on the **2** page form completed at intake.
- * I have read and understand ALL of the information provided above, and am aware of the potential risks/benefits of having/not having this treatment. I have had sufficient opportunity to discuss my concerns/questions with the physician. This consent is considered valid for subsequent treatments unless revoked in writing.
- * I consent to receiving cosmetic mole removal/lesion removal treatment by Dr. Maria Tetelbaum.

Dated: _____

PATIENT Name (printed)

Signature
(patient or legal guardian)

Dated: _____

Witness Name (printed)

Signature