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PATIENT INFORMED CONSENT - SURGICAL EXCISION

NATURE AND EXTENT OF PROCEDURES:

Surgical excision for removal and possible repair of the resulting defect (surgical wound/hole), left by the removal of the skin lesion.

I do hereby consent and agree to have surgery performed by the physicians and staff at Lakes Dermatology, PA.

I fully understand the results that I may reasonably expect. I understand the results of surgical repairs are not perfect. An explanation of this procedure has been given to me. I have had the opportunity to ask any questions regarding this procedure. The pros, cons and alternatives to surgery have been explained. I have chosen surgical excision.

I understand every time an incision is made on the human skin, a scar will occur, although every effort will be made to make the scar inconspicuous. Superficial crusting, pinkness, or redness of the incision area may occur, but these will likely be temporary. A thickened or raised scar (a hypertrophic scar/keloid) is possible. This is more likely to occur in patients with a history of this type of scarring.

In addition to scarring, other possible side effects are:

1. Temporary redness of severe permanent scarring
2. Tenderness of the scar and/or darker or lighter scars (depending on your genetic make-up)
3. Some postoperative discomfort may be experienced
4. Risk of keloids and wide scars
5. Complications can occur, including: bleeding, infection, hematoma, wound breakdown/opening, long-term pain, and nerve damage
6. Transient tingling or "drawing sensation" may occur for some time, as nerve regeneration and scar maturation may take up to one year
7. Permanent pain in scar area

I believe I have been well informed and understand that the practices of medicine and surgery are not exact sciences. I understand knowledgeable practitioners sometimes disagree as to the best methods of treatment to achieve desired results.

I certify this form has been read or it has been read to me, the blank spaces have been filled in, and I understand its contents. I have had opportunities to ask questions. This consent was read and signed while not under the influence of medications which cause drowsiness.

I am voluntarily authorizing the procedures and treatments.

I acknowledge I am responsible for payment of these services with no fee reimbursement regardless of procedure results. I have not been guaranteed a specific result. I understand the fee paid is for the procedure and not for an expected result.

The nursing staff will have you sign the electronic consent form once you are brought back to your room. Feel free to ask any questions at that time.