

## **General Care and Treatment Consent**

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**To the patient:** In consultation with your physician at Houston Dermatology Specialists, you have the right to be fully informed of your diagnosis/condition and any recommended medical care. This may include the recommendation for a diagnostic procedure and/or surgery. We will strive to ensure you have all the necessary information, including risks and/or benefits of the indicated procedures, so that you may make an informed decision that is right for you.

In order to ensure that you understand all aspects of your visit, you are encouraged to ask questions or clarify any procedure prior to them being performed. This consent form obtains your permission to perform the evaluation necessary to identify the appropriate medical care, surgical care, and/or diagnostic procedure. This consent also provides us with your permission to perform reasonable and necessary medical examinations, procedures, testing, and treatment.

I voluntarily request Joel Byrne, MD, Christopher P. Downing, MD, and/or Rachel Gordon MD, and their associates, assistants, nurses, and Houston Dermatology Specialists as deemed necessary, to perform reasonable and necessary medical examinations, testing, and treatment for the condition which has brought me to seek care at this practice. Such procedures include but are not limited to:

Full skin examination, skin biopsy, cryotherapy, steroid injection, local injection of chemotherapy medication (such as 5-Fluorouracil, Bleomycin), application of Canthacar, application of squaric acid, cauterization of skin lesions, and Unna boot application with topical medications. **Should a biopsy be performed, or any other procedure in which a section of your skin is removed, the specimen will be sent to a pathology lab for an accurate diagnosis** unless otherwise recommended by your clinician.

With any procedure, there are risks involved which include, but are not limited to:

1. Bleeding: Some procedures may cause minor bleeding. Rarely someone will have significant bleeding after the procedure that would require follow up to have us treat it.
2. Scarring: Scarring is possible with any skin procedure. We will do everything we can do to provide the best cosmetic outcome possible, but the final outcome is not guaranteed.
3. Infection: A small number of people will get a wound infection requiring treatment.
4. Nerve Damage: Although extremely rare, it is not impossible to have nerve damage with select skin procedures.

By signing below, you are indicating that you intend that this consent is continuing in nature even after a specific diagnosis has been made and treatment recommended. This consent will remain fully effective until it is revoked in writing. You have the right at any time to discontinue services. You have the right to discuss the treatment plan with your physician about the purpose, potential risks and benefits of any test ordered for you.

I understand that if additional testing, invasive or interventional procedures are recommended, I will be asked to read and sign additional consent forms prior to the test(s) or procedure(s). I certify that I have read and fully understand the above statements and consent fully and voluntarily to its contents.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

(Parent/guardian authorizes and signs on behalf of \_\_\_\_\_ (name of minor))