



Surgical Procedure Consent Form

Procedure(s): _____

I give Scott L. Beals, D.O. permission to perform the above listed procedure(s). I understand that any procedure has potential risks and complications including but not limited to pain, reaction to anesthesia, nerve damage, bleeding, infection, scarring, abnormal skin pigmentation, and recurrence. I have had the procedure and potential risks explained to me to my satisfaction and have had any questions regarding the procedure addressed. I recognize that every surgical procedure involved uncertainty and that no result can ever be guaranteed.

I release the doctor from any responsibility that takes place as a natural complication of the procedure. I also realize that it is my responsibility to keep post-operative appointments. If I feel that any problems exist such as bleeding, infection, or if I have any doubts, I am to contact the doctor as soon as possible. For the purpose of medical documentation and medical education, I also give the consent for a photographic record to be made of the above procedure.

I give my permission to have any tissue removed during the procedure to be sent for pathologic examination (if a specimen is sent to an outside laboratory for analysis, you or your insurance company will be billed directly by the lab for their services). _____ (please initial)

I give my permission to release biopsy results to family members or my spouse and to leave the pathology results on an answering machine. _____ (please initial)

_____ Patient / Guardian Signature (relationship) _____ Date

_____ Witness Signature _____ Date