
Progressive Surgical Associates

INFORMED CONSENT FOR MINOR SURGERY:

It is very important to us that you understand and consent to the treatment your doctor is providing and any procedure your doctor may perform. You should be involved in any and all decisions concerning surgical procedures your doctor has recommended.

Sign this form only after you understand the procedure, the anticipated benefits, the risks, the alternatives, the risks associated with the alternatives and all of your questions have been answered. Please initial and date directly below this paragraph indicating your understanding of this paragraph.

Patient's Initials or Authorized Representative

Date

I, _____, hereby authorize Dr. _____ and any associates or assistants the doctor deems appropriate, to perform _____.

The doctor has explained to me the potential benefits of the procedure to me. However, I understand there is no certainty that I will achieve these benefits and no guarantee has been made to me regarding the outcome of the procedure. I also authorize the administration of sedation and/or anesthesia as may be deemed advisable or necessary for my comfort, well-being and safety.

The doctor has explained to me that this procedure is generally recommended to treat a subcutaneous or skin surface lesion, which is suspected of having: infection such as a boil or abscess, the possibility of cancer, a cyst, or a fatty growth or lump. For the procedure, you will be asked to lie in a comfortable position with the appropriate area exposed. First, a cleansing solution will be used to sterilize the area. Next, the area to be removed will be anesthetized with a local anesthetic. Once the area involved is numb, the doctor will perform the surgery. Generally, the incision will be closed with stitches, either absorbable or those that require removal in seven to ten days. Alternatively, if the area involved is an abscess or has a questionable infection, the area may be left to drain or be packed. Depending on the lesion it may be recommended that you come back for follow-up visit(s), to be sure the wound is healing appropriately.

The doctor has explained to me that there are risks and possible undesirable consequences associated with any procedure including, *but not limited to*, blood loss, transfusion reactions, infection, heart complications, blood clots, loss of or loss of use of body part, other neurological injury, in the case of skin cancers a second operation to remove a wide margin of tissue may be necessary and/or death. The possibility of the wound opening either before or after removal of stitches is always present but happens quite infrequently. Further, any of these risks or complications may require further surgical intervention during or after the procedure, which I expressly authorize. I understand that if I need blood or blood products these carry a risk of contracting HIV/AIDS, hepatitis or other diseases. _____

initial

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USE OF INTERPRETER OR SPECIAL ASSISTANCE

An interpreter or special assistance was used to assist patient in completing this form as follows:

_____ Foreign language (specify)

_____ Sign language

_____ Patient is blind, form read to patient

_____ Other (specify) _____

Interpretation provided by _____
(Fill in name of Interpreter and Title or Relationship to Patient)

Signature (Individual Providing Assistance)

_____/_____
Date Time