



OFFICE HOURS BY APPOINTMENT
504-899-6652

CONSENT FOR CLINICAL PROCEDURE

(Patient's Name)

_____/_____/_____
(Date of Birth)

Procedure to be performed: _____

The following are some of the common procedures performed by a Dermatologist:

- Skin biopsies and shave removal of skin lesions. These are performed to evaluate and/or remove suspicious lesion, irritated or symptomatic lesions, or aid in the diagnosis of skin problems.
- Curettage and dissection of tissue.
- Incision and drainage of superficial abscesses.
- Any other procedure as listed above.

Because these are considered minor surgical procedures, they have small risks associated with them. These include, but are not limited to: bleeding, infection, scarring, pigmentation changes, slow healing and recurrence of lesions(s). These procedures are performed with a local anesthetic only (Lidocaine.) Sutures may or may not be required and will be discussed by the physician or one of his staff members should this be necessary.

The above statements have been discussed with me. I understand them and have no further questions. I authorize Michael M. Gutierrez M.D., or one of his designated staff to perform the above procedure.

Do we have your permission to (please circle the selected answer):

| | | |
|---|-----|----|
| Leave a message with benign (normal) results on your answering machine at home? | YES | NO |
| Leave a message with benign (normal) results at your place of employment? | YES | NO |
| Discuss your medical condition with any member of your household? | YES | NO |

Date: _____

SIGNATURE: _____
(Patient or person authorized to give consent for the patient)

WITNESS: _____
(Not a member of the family)