

## INFORMED CONSENT FOR SURGERY

Operative Procedure:

I \_\_\_\_\_ / /  
(Patient's Name) (Date of Birth)

hereby request and authorize Dr. Gutierrez aided by any assistants he may designate to perform the above surgery. I also authorize the operating surgeon to perform any other procedures which he may deem necessary or desirable in attempting to improve the condition(s) stated above or any unhealthy or unforeseen conditions that he may encounter during the operation. I consent to the administration of anesthetics and to the use of such anesthetics and medication(s) as may be required in my case. I have been advised that part of this surgery is/may be performed through external incisions in the skin which leave permanent scars whose extent and location have been described and demonstrated to me. I have been advised that scars could take one year or more to mature, the changes ordinarily occur in their appearance having been described to me. I have been informed that the above operation may require transplantation of the tissue from other areas of my body. I agree to follow the instructions given to me to the best of my ability before, during, and after the above-mentioned surgical procedure, and that I will, as soon as possible, notify the surgeon of any questionable complications that may arise. I have received and understandable explanation of the proposed surgery, the effect and nature of the operation(s) to be performed, foreseeable risks involved, and alternate methods or treatment. I have been informed that dermatologic surgery contains the risk of complications, including but not limited to death, scarring, infection, and nerve damage.