Southern Tier Dermatology & Aesthetics
Dr. Colleen Crandell, Dr. Curt Fenkl, Jennifer Fabrizi, PA-C, Yvonne Chesna, FNP-C, Shannan Hardy, FNP-C

Consent for Simple Surgical Excision(s)Trunk and Extremities

Patient Name ____

Date: ______________________

I authorize Dr. Colleen Crandell or her Associate to perform the following procedure:
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Some patients will be prescribed an antibiotic to prevent infection if the provider feels that it is necessary

The following has been explained to me:

1. Purpose of the procedure: diagnosis/treatment
2. Possible alternative to the procedure(s)
3. Possible consequences of the procedure:

Bleeding – you will have a bandage on the area when you leave the office. Bleeding is always possible after a procedure. Apply pressure if postoperative bleeding occurs for 20 minutes; if it does not stop, please call the office.

Scar - Anytime the skin is injured a scar will form. Some scars are more noticeable than others, but a scar is always present. Hypertrophic and keloid scarring is a possibility; but the cosmetic a appearance following a procedure is unpredictable. However, all of our providers keep in consideration and strive for the best cosmetic outlook for all of our patients.

Reaction to anesthesia – allergic reactions are rare in the case of local anesthesia, however, there are some mild reactions that may occur with anesthesia. Please advise if you have any questions.

Change in pigment –following a procedure there is a possibility that the skin or scar following the healing of the area is altered; being darker or lighter in color than the normal skin surrounding. Sometimes this can be permanent.

Infection – anytime the skin is injured an infection is possible. The rate of infection is very low.

I consent to the administration of local anesthetics as may be necessary for this procedure with the exception of ____

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Signature of Patient or authorized person

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Signature of Physician performing procedure

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Witness

Rev 2/2011