

**SURGICAL CONSENT FORM
NIGRO DERMATOLOGY GROUP, PA**

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The surgical procedure or treatment to be performed is: _____

I, _____ consent to have the above mentioned surgical procedure or treatment. The procedure has been explained to me. I understand the possible risks: including:

- Pain Bleeding Infection Persistent redness
- Scar formation (which can sometimes look worse than the original lesion)
- Increase or decrease of my skin pigmentation
- Recurrence of lesion
- Local nerve damage or numbness
- Severe allergic reaction to the local anesthesia, dressing or medications

I understand there may be other ways to do this procedure, but agree to the procedure about to be done, understanding all risks. I have been given the opportunity to ask all questions regarding the procedure and its risks. I understand that specimens may be sent for microscopic evaluations.

I consent to this elective procedure.

Patient's Signature

Guardian's signature, if applicable

Date

Witness