

SANDRA READ, MD, PLLC

CONSENT FOR TREATMENT

I, _____,
agree to the performance of a surgical procedure on my skin -which
includes biopsy, surgical excision, electrodesiccation and curettage,
shave excision at the anatomical site(s)

I understand that during the course of the procedure described above
it may be necessary or appropriate to perform additional procedures
that are unforeseen or not known to be needed at the time consent is
given.

The risks and benefits of the procedure have been explained to me.
The risks include, but are not limited to: bleeding, infection, prominent
scar that may require further surgery and possible tumor recurrent. No
guarantee or assurance of results can be made. Additional specific risks
may include: _____

I understand that there are certain medical and surgical alternatives
available and I have been given information regarding other feasible
forms of care.

I permit photographs of me to be taken for documentation,
educational and teaching purposes during the course of my outpatient
treatment. The photographs and information relating to my case may
be published or used for any other professional purpose.

My signature below constitutes acknowledgment 1- that I have read
& understand all of the above: -2 that all questions I have regarding my
condition and the surgical procedure have been answered to my
satisfaction: -3 that the operation has been adequately explained by Dr.
Read or one of her assistants: - 4 that I voluntarily, and knowingly give
my signed authorization for the procedure,

-----Patient signature
-----Witness Signature
-----Date, time of surgery