Simone A. McKitty, M.D., Inc.
3440 W. Lomita Blvd., Suite #442
Torrance, CA 90505

CONSENT FOR TREATMENT IN DERMATOLOGY

I voluntarily give my consent for treatment and also my consent to any procedures that Simone A. McKitty, M.D., Nicole Stroud, PA, and Shelly Brunner, NP, perform at Simone A. McKitty, M.D., Inc.. This consent if for the procedures that Dr. Simone A. McKitty, Nicole Stroud, PA, and Shelly Brunner, NP, deem necessary for my condition. This includes and is not limited to: Cryotherapy/ cryosurgery (freezing of skin lesions with Liquid Nitrogen) excisions, incision and drainage of acne, abscesses/cysts, removal of skin tags, shave biopsy / punch biopsy of skin lesions and rashes, debridement of wounds, injection of skin lesions, cauterization of skin lesions. The provider will discuss in detail any procedure that she plans to perform, answer all questions relating to the procedure and obtain oral informed consent in the exam room.

Signature of Patient or Legal Guardian — Date

Printed Name of Patient or Legal Guardian — Relationship to Patient

Medical Assistant signature — Date