



Biopsy/Surgery/InD/Procedure Consent

I have been informed of how the procedure will be performed and the alternative procedures that are available to me. I have also been informed of the possible risks and complications of the surgery /procedure, including but not limited to:

- Scarring which may require additional surgical or laser correction.
- Infection
- Bleeding
- Change of pigmentation (lighter / darker)
- Nerve damage (both motor or sensory)
- Need for further treatment, for example: if surgical margins are not shown to be free of growth
- Recurrence of growth
- Severe allergic reaction to local anesthetic
- Other reactions.

I hereby consent to all surgical procedures and treatments, including but not limited to laboratory and biological tests and the administration of anesthetics, which are deemed appropriate and necessary by Dr. Karin Harp, Kristin Rupert PA-C, Eva Hurst PA-C, and/or Dr. Jan Smorgorzewski for the surgery, biopsy, or other procedure.

I have been notified that if necessary, my biopsy/excision may be sent out for a second opinion to a dermatopathologist (a pathologist that specializes in diseases/growths of the skin) and I agree to be personally and fully responsible for payment. If an Apex provider determines that it is medically prudent to send the slide for such a second opinion, I understand that the charge is \$30 per slide in addition to the initial pathology fees in order to reimburse the reading dermatopathologist who is doing the courtesy of reading that slide and rendering a second opinion. Due to insurance company policy, which is outside of our control, second opinions are billed individually and on the day of reading and not the day of the physician visit and may be subject to separate co-pays.

Furthermore, Dr. Karin Harp, Kristin Rupert PA-C, Eva Hurst PA-C, Dr. Jan Smorgorzewski and Apex Dermatology staff have my consent to take photographs before or after both biopsy or surgery to be used for documentation and educational purposes.

If this procedure is an incision and drainage of an abscess or cyst, risks and complications as well as the procedure goals and alternatives have been discussed with me in detail and I choose to have the procedure.

Witness Signature

Date

Patient / Agent / Guardian Signature

Date