

GENERAL CONSENT FOR MEDICAL AND SURGICAL PROCEDURES

You have been given information about your condition and the recommended surgical, medical or diagnostic procedure(s) to be used. This consent form is designed to provide a written confirmation of such discussions by recording some of the more significant medical information given to you. It is intended to make you better informed so that you may give or withhold your consent to the proposed procedure(s).

The procedure(s) may involve surgically removing the lesion with a small scalpel, having first "frozen" the area with an injection of local anaesthetic. The surgical procedure should then be relatively painless. The wound is then normally sutured using stitches which remain in place for nine days and are then removed by a practice nurse, but occasionally adhesive strips are used instead. If possible a sterile dressing will be applied afterwards which should be kept in place and clean and dry for twenty-four hours, but sometimes a sprayed artificial skin will be used to seal the wound. The lesion will often be sent to the pathology lab for examination and we request that the patient should telephone the surgery for the result, which can often take between four to ten weeks to receive.

- 1. Condition:** Dr. has explained to me that the following condition(s) exist in my case:
.....
- 2. Proposed Procedure(s):** I understand that the procedure(s) proposed for evaluating and treating my condition is/are:
.....
- 3. Risks/Benefits of Proposed Procedure(s):** Just as there may be benefits to the procedure(s) proposed, I also understand that medical and surgical procedures involve risks. These risks include allergic reaction, bleeding, blood clots, infections, adverse side effects of drugs, scarring (including keloid scarring – a type of scar which may extend beyond the dimensions of the original wound).
- 4. Complications, Unforeseen Conditions, and Results:** I am aware that in the practice of medicine, other unexpected risks or complications not discussed may occur. I also understand that during the course of the proposed procedure(s) unforeseen conditions may be revealed.
- 5. Acknowledgements:** I understand what has been discussed with me as well as the contents of this consent form, and have been given the opportunity to ask questions and have received satisfactory answers.
- 6. Consent to Procedure(s) and Treatment:** Having read this form and talked with the physicians, my signature below acknowledges that: I voluntarily give my authorisation and consent to the performance of the procedure(s) described above by my physician and/or his/her associates assisted by medical centre personnel and other trained persons as well as the presence of observers.

Signed:

Date:

Patient:

(or person authorised to sign for patient)

Witness:

Date: