



# PATIENT CONCENT FORM

## Medical Procedure

Patient Name: \_\_\_\_\_

I hereby authorize 1Clinic to perform an in the office medical procedure; Mole Removal, Skin Tag Removal, Kenalog Injection, Wart Removal, Cyst Removal, Cherry Angioma Removal.

The following points have been discussed with me:

- This treatment is not covered by OHIP
- The potential benefits of the proposed procedure.
- The possible alternative procedures; cautery, liquid nitrogen or laser
- The probability of success.
- The reasonably anticipated consequences if the procedure is not performed.
- The most likely possible complications/risks involved with the proposed procedure and subsequent healing period, including, but not limited to, infection, crusting, scarring (Hypo or Hypertrophic), change in skin color, and/or blistering.
- Post treatment instructions.
- There are no guarantees that Kenalog injections will improve the treated area.
- Signs & symptoms of infection.

I am aware of the following possible experiences/risks

1. **Discomfort** – Some discomfort may be experienced during medical procedure
2. **Wound Healing** – After the procedure, there may be swelling, blistering, crusting, or flaking of the treated area(s), which may require one to three weeks to heal. Once the surface has healed, it may be pink or sensitive to the sun for an additional two to four weeks, or longer in some patients.
3. **Infection** – There is a risk of infection after any medical procedure is performed. Please be sure to follow the Doctor's home care suggestions. If at any time you are unsure of what is an infection or healing process, please **do not** hesitate to call us.
4. **Pigmentation Changes (Skin Color)** – During the healing process, there is a slight possibility that the treated area can become either lighter or darker in color compared to the surrounding skin. This is usually temporary, but, on a rare occasion, may be permanent.
5. **Scarring** – Scarring is a possibility when the skin's surface is disrupted. To minimize the changes of scarring, it is important that you follow all post-treatment instructions carefully.
6. **Eye Exposure** – If the procedure requires Protective Eyewear (shields), it is important to keep these shields on at all times during the treatment in order to protect your eyes.
7. **Melanoma** – Despite the mole being removed, there is a possibility that melanoma returns in the future.

### Acknowledgement

I understand and acknowledge that payments for the above procedure are due post treatment. With my signature below, I certify that I have read and fully understand the contents of this consent for and that the disclosures referred to herein were made to me.

\_\_\_\_\_  
Signature Patient or Guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Witness

\_\_\_\_\_  
Date

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