Belgravia
Medical Centre

Procedure Consent

I, (name of patient) _____

Of (address)   _____

_____

Hereby consent to undergo the procedure of _____

_____

Together with the administration of _____

_____ Anaesthetic as explained to me by Dr Jayasuriya.

Date of procedure _____

I understand excision of a skin lesion has the following specific risks and limitations

- My wound may become infected, with redness, swelling and discharge. I may need antibiotics to treat this.

- I will have a scar where the lesion was removed. This usually fades with time but may always be visible. In a few people, scar tissue may over grow (keloid), making the scar more noticeable.

- I understand there may possibly be significant risks and complications specific to my individual circumstances, that I have considered in deciding I will have this procedure.

These are the common risks. There may be other unusual risks that have not been listed here. Please ask your GP if you have any general or specific concerns.

DECLARATION BY PATIENT

- I acknowledge the GP has informed me about the procedure, alternative treatments and answered my specific queries and concerns about this matter.

- I acknowledge that I have discussed with the GP any risks and complications specific to my individual circumstances that I have considered in deciding to have this procedure

- I agree to any other additional procedures considered necessary in the judgement of the GP during this procedure

- If a needlestick/sharps injury occurs to staff during the procedure, I give my permission for blood to be taken and tested for HIV and other blood borne disorders.

**Important Notice: This procedure will be privately billed.
Please ask at reception for further information.**

Patient Sign:_____ Date:_____

DECLARATION BY DOCTOR

- I declare that I have explained to the patient the nature of their condition, the procedure to be performed, and discussed the risks that particularly concern the patient.
- I have given the patient an opportunity to ask questions and I have answered these.

GP Sign:_____Date:_____