



INTEGURA

## **Patient Consent to Diagnosis and/or Treatment**

### **Skin Lesions/Soft tissue tumours**

*Name of the Patient* :

*Date of birth* :

*Name or description of the procedure:*

*Intended benefits:* Removal of symptoms ( lump/mole/ lesion ( specify)

Prevent future complications

*Frequently occurring risks:* bleeding, infection, scar including keloid, recurrence, delayed wound healing, further procedures ( if biopsy suggests so), neurovascular injury causing temporary or sometimes permanent numbness, allergy ( medicines and materials including latex) others specify.....

*Alternatives:* conservative wait and watch, laser cautery, do nothing

*Patient questions/concerns:*

*Information leaflet;* Excision of skin lesion leaflet and aftercare date .....

### **Signatures**

*Initial date of consent* :

*Patient Name (handwritten)* :

*Confirmation of consent* :

*Patient signature* : .....

Surgeon Name

Surgeon Signature date

Witness Signature date