Integrated Dermatology of Mission Viejo, APMC
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Tel 949-364-2904
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Consent for Minor Office Procedures and Photography

I, _____, grant permission to providers at
Please print name here or place identification sticker

Integrated Dermatology of Mission Viejo, APMC (including but not limited to Frances Segal, MD and Frank Zhan, MD) to perform following minor office procedures including but not limited *to curettage, digital photography, electro/thermocauterization, freezing treatment with liquid nitrogen, intralesional injection with local anesthesia/steroid/Candin, intramuscular injections, paring lesion with steel blade, punch biopsy and shave biopsy.*

I understand as with any procedure there maybe complications including but not limited to bleeding, infection, loss/change in sensation, pain, and scarring. Furthermore, I have been informed and understand that the freezing treatment could sometimes associated with blistering reaction, local anesthesia with lidocaine and epinephrine could lead to increased heart rate and irregular heartbeat, and steroid injections could cause hair loss/gain and tissue atrophy.

By signing below, I acknowledge that I understand the risks and consent to minor office procedures and photography as stated above. This consent will remain effective from the signing date until a written notice to terminate this consent has been received.

Patient Signature _____ Date _____
or Guardian/Legal representative for patient *m/d/yyyy*

For signee who is NOT the patient please fill below:

Name _____ Relationship to Patient _____
Please print name here

Witness Signature _____ Date _____
m/d/yyyy

Best day time phone number for calling result(s) _____