Kimberly Cockerham, MD
FACIAL AESTHETICS, LASERS & RECONSTRUCTIVE SURGERY
Zeiter Eye Medical Group, Inc.

Patient Name:_____ DOB:_____

Patient ID#:_____

Surgical Procedure:_____

Location of Lesion / Mass:_____

INFORMED CONSENT FOR REMOVAL OF SKIN LESION OR BIOPSY OF MASS

WHAT CAUSES THE NEED FOR REMOVAL OF SKIN LESION OR BIOPSY SURGERY?

There are a variety of conditions which require biopsy surgery. These include, but are not limited to, mass/tumors (benign or malignant), foreign bodies, inflammation and infection.

WHAT IS DONE DURING THIS SURGERY?

In removal of skin lesion or biopsy of mass surgery, an incision is made in or near the lesion or mass and various surgical techniques may be employed to remove a small amount of tissue for diagnosis or, if possible, the entire mass.

- There are internal sutures that hold the deeper tissues in position.

WHAT ARE THE ALTERNATIVES?

You may decide to live with your condition and its associated symptoms. However, if you have had an infection, have a known or suspected tumor Dr. Cockerham will recommend you proceed with surgery to prevent spread or even death.

Please initial each of the following to document you have read this carefully.

WHAT YOU SHOULD EXPECT AFTER SURGERY:

___ **Itching for at least one week**

___**Bruising for at least two weeks**

___**Swelling for 2 -3 months**

___**Visible scar for 3 – 6 months**

WHAT ARE THE RISKS OF SURGERY?

___Bleeding

___Infection

___Opening of the incision due to broken suture or rubbing

___Asymmetric or unbalanced appearance

___Scarring requiring injections or revision

___Permanent hair loss in the area

Kimberly Cockerham, MD
FACIAL AESTHETICS, LASERS & RECONSTRUCTIVE SURGERY
Zeiter Eye Medical Group, Inc.

Patient Name:_____ DOB: _____

WHAT ARE THE MOST SERIOUS RISKS (RARE BUT POSSIBLE)?

- You may need additional treatment or surgery to treat these complications; the cost of the additional treatment or surgery is NOT included in the fee for this surgery.
- Due to individual differences in anatomy, response to surgery, and wound healing, no guarantees can be made as to your final result.
- For some patients, changes in appearance may lead to anger, anxiety, depression, or other emotional reactions.

I have:

___Received a copy of this consent

___Viewed & understand the power point information for this procedure

___Had all my questions answered

By signing below, I am confirming that Dr. Cockerham has answered all of my questions and that I understand and accept the risks and the costs associated with this surgery and future treatments.

Date _____ Patient Signature _____

Witness Signature _____

Time _____ AM / PM Surgeon Signature _____, MD
Kimberly P. Cockerham, MD