

## CONSENT FOR PROCEDURE

1. I hereby request and authorize Steven M. Rotter, M.D. to perform \_\_\_\_\_  
The purpose is for \_\_\_\_\_.
2. The effect and nature of the procedure, risks involved, as well as possible alternative methods of treatment have been fully explained to me.
3. I also authorize Dr. Rotter to perform any other procedure, which he may deem necessary or advisable in attempting to improve my appearance, or for any unforeseen condition that he may encounter during the procedure.
4. I know that the practice of medicine and surgery is not an exact science and therefore, reputable practitioners cannot guarantee results. I acknowledge that no guarantee has been made by anyone regarding the results of the procedure.
5. I know that after the procedure, my skin will require at least a week of wound care (until the wound has healed). There will be swelling, and bruising for several days.
6. Any problems will be brought to Dr. Rotter's attention immediately.
7. I know that I may need more than one treatment to achieve desirable results.
8. I consent to the taking of photographs throughout the course of my treatments. I agree that Dr. Rotter may use my photographs for medical publication and/ or teaching purposes as he needs without revealing my name or identity.
9. I know that the possible risks include infection, bleeding, and failure to arrive at a diagnosis if biopsied. I know that every biopsy will leave a scar, and that each lesion may recur.
10. In the event that one of our health care professionals, workers or employees should be directly exposed to your blood or body fluids (needlestick/splash to mucous membranes), your blood will be drawn and tested for HIV, Hep B, Hep C and Syphilis.

- YES**      **Tissue from procedure will be sent for pathologic examination.**
- NO**      Insurance information will be sent with the pathology. The pathology laboratory handles all billing and insurance for the pathology.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Patient or person authorized to sign consent)

Witness \_\_\_\_\_ Date \_\_\_\_\_