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## Minor Procedure Consent Form

Procedure: \_\_\_\_\_

Risks include, but are not limited to:

1. Infection.
2. Bleeding (or hematoma – a collection of blood under the skin).
3. Discomfort/pain (potentially chronic).
4. Numbness in surgical region (usually returns to normal over time, possibly months).
5. Scar (although all efforts are made to allow for “cosmetic” closures, some patients are prone to hypertrophic – thick scars or keloid formation). It is important that you notify the surgeon if you have had undesirable scarring in the past. This information may be used in planning surgery.
6. Recurrence of lesion.
7. Necessity for further treatment/surgery.

I understand this surgery is elective (optional) and my alternatives include not having surgery.  
I have read the above information and all of my questions have been answered.

\_\_\_\_\_  
Patient, Parents or Guardian

\_\_\_\_\_  
Date

Copy given to patient