



Minor Procedure Consent Form

I, _____ of _____ consent to Dr Sonia Moorthy performing the following procedure on myself:

Remove of left lower lid lesion and biopsy. _____

I have been made aware that there may be complications.

These complications may include (but are not limited to):

Infection

Bleeding

Delayed healing

Pain

Scarring

I have read and understood the information detailed above. I consent to having Dr Sonia Moorthy perform the above listed procedure on my

RIGHT

LEFT

BOTH eyes (circle as appropriate).

Patient Name: _____

Signature: _____

Date: _____

Witness Name: _____

Signature: _____

Date: _____