

DPN/WART/SKIN Lesion Removal Consent Form

Patient Name	:	Alston Rebello			Emirates ID	:	784-1991-2906159-3		
File No	:	17	DOB	:	1996-06-20	Nationality	:	Indian	
Gender	:	Male	Doctor's Name	:	Alan Alfred	Date	:	2024-04-19	

I voluntarily consent to undergo electrocautery or minor surgical removal treatment(s) provided by Alan Alfred

Please initial:

- ☐ I understand that electrocautery treatment will be one of the most effective procedure available to remove the said lesion whereby electricity is used to heat the needle.
- ☐ I understand that a soft scab will form over the treated area and will drop off by itself and leave a small scar after cauterization.
- ☐ I understand that it may require removal by minor surgical procedure and might leave a minimal scarring.
- ☐ I understand that there are some occasions where a problem may not completely disappear and a recurrence is possible.
- ☐ I have met with the Doctor who is overseeing my treatment and discussed all treatment options available to me.
- ☐ I understand no guarantee can be made as to the results of my treatment
- ☐ I acknowledge that I have been informed about the above procedure and I have been given the opportunity to ask questions and that I have fully understood the contents of this consent form and agree to the risks involved.

I hereby give my consent and authorization voluntarily and release Alan Alfred from any claims, implied or stated that I have or may have in the future with this treatment regardless of result. I am stating that the treatment and precautions above have been explained to me in detail and that I fully understand.

Sign here, only if all of your questions have been answered to your satisfaction

PATIENT	DOCTOR
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Patient Name Alston Rebello Date 2024-04-19	Doctor Name Alan Alfred - Dental (15245565544445) Date 2024-04-19