

DPN/WART/SKIN Lesion Removal Consent Form

Patient Name	:	aamie may			Emirates ID	:	784-1991-1236544-5	
File No	:	7000282	DOB	:	2023-05-30	Nationality	:	Singapore
Gender	:	Female	Doctor's Name	:	Doctor-9 test	Date	:	2023-11-22

I voluntarily consent to undergo electrocautery or minor surgical removal treatment(s) provided by Doctor-9 test

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 Doctor-9 test 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.

PATIENT	DOCTOR
 Patient's signature.	 Doctor's /Specialist Signature & Stamp
Patient Name aamie may Date 2023-11-22	Doctor's/Specialist Name Doctor-9 test Date 2023-11-22