

DPN/WART/SKIN Lesion Removal Consent Form

Patient Name	:	Alan Alfred			Emirates ID	:	784-1991-1511454-5	
File No	:	3000002	DOB	:	2002-01-01	Nationality	:	Indian
Gender	:	Male	Doctor's Name	:	Doctor-9 test	Date	:	2023-11-25

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.

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

PATIENT	DOCTOR
 Patient's signature.	 Doctor's /Specialist Signature & Stamp
Patient Name Alan Alfred Date 2023-11-25	Doctor's/Specialist Name Doctor-9 test Date 2023-11-25