

**LEE MEDICAL, PC**

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Bai O. Lee, MD  
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**Informed Consent for Lesion Removal**

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

1. Please inform your physician if you are taking any blood thinners i.e; Aspirin, Plavix, Coumadin, etc.
2. Please inform your physician if you have artificial limbs, pins, screws, or any other foreign bodies in which an antibiotic may be required.
3. The procedure is done under local anesthetic injected in the area of the lesion. It is rare to have an adverse reaction to a local anesthetic. But cases have been reported, if you have an allergy to Novacaine, Xylocaine, etc.; please notify the provider prior to the procedure.
4. Since the lesion is mostly shallow, complications such as bleeding or infection are very rare, but may occur and would require the use of an antibiotic.
5. The excision area will leave a very small scar in most patients. However, in rare patients a keloid type or larger scar may occur, if this occurs a re-excision may be recommended.
6. The excision area will be closed either by steri-strips or sutures and will be rechecked in one or two weeks. We advise that you keep the area clean; you may shower, but do not scrub or rub the area while healing.

By signing this form I am attesting that I have read and understand the information above and I consent to the procedure.

\_\_\_\_\_  
Signature of Patient/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date