



## Consent for Procedures

I, \_\_\_\_\_ consent to the procedure selected below.

### Procedure:

**Cryotherapy/Wart Treatment** (freezing with liquid nitrogen) with or without paring. The risks are minimal but can include infection, blistering, or scar (especially if you have sensitive skin).

**Skin Tag Removal** - Risks include bleeding and infection.

**Toe Nail removal** - risks include infection, bleeding, and prolonged numbness at the site of anesthetic (rarely nerve damage can occur). Keep the foot elevated for 24 hours and avoid being on your feet if possible. Remove the dressing after one day and slowly begin activity. Soak the toe in warm water for 20 minutes, twice daily for 3-4 days.

### Please sign this form acknowledging your agreement with the following:

My doctor has explained the risks and benefits of the procedure along with post procedure care and I understand them. I give her permission to perform this procedure as we discussed.

Printed Name of Patient

Signature of Patient/Guardian

Witness

Date