

METRO DERMATOLOGY OF N.Y., P.C.

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METRO DERMATOLOGY OF N.J., P.C.

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EXTRACTION INFORMED CONSENT

Date:

MR#:

Date of Birth

Name of Patient:

Extraction is a corrective technique that gently and safely removes blackheads, drains inflamed acne impactions and release trapped ingrown hairs when possible. _____
Initial

Side Effects: Temporary or Permanent scarring, discoloration, mild tenderness, redness, swelling, sensitivity, flaking and small scabs. Superficial dark spots can occur when extracting old or deep lesions are extracted and are normal and mostly temporary (VARIES BY SKIN TYPE). Superficial blemishes may occur. The use of sun protection must be part of your daily regimen. _____
Initial

GUARANTEE: We will attempt to remove larger lesions first and CANNOT guarantee any lesion will not "recur" at a later date. _____
Initial

INSTRUMENTATION: All instruments are sterile and medical personnel use surgical gloves during the procedure. _____
Initial

INSTRUCTIONS: Avoid the sun and use products exactly as directed to reduce formation of new lesions and help fadeexfoliate existing spots. Product overuse, scrubbing, picking and sunburn cause temporary dryness, irritation and POSSIBLE dark spots. AVOID prolonged exposure to direct sunlight, DO NOT pick and scratch, it will cause scarring. _____
Initial

ALLERGIC REACTIONS: Allergy is rare but in the event that you have a reaction, discontinue the use of all medications and contact the office immediately. _____
Initial

To the Patient: *You have the right to be informed about your condition and its treatment so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you, it is simply an effort to make you better informed so you may give or withhold your consent for treatment.*

I have read this form carefully and understand the nature of this treatment and its risks. I hereby give my informed consent to the practice to proceed with the treatment, extraction.

Patient/Legal Guardian Signature Date

Provider Signature Date

Witness Signature Date