DERMATOLOGY EXPERTS

I give my permission for Angelo Ayar M.D and staff of Dermatology Experts to treat me as deemed necessary in the exercise of their professional judgment.

The most commonly encountered procedures in a Dermatology office are skin biopsies/cryotherapy/skin lesion removal/curettage/and administration of local anesthesia. Each procedure has a small risk of scarring that may or may not be noticeable (common), mild pain (common), infection(uncommon), bleeding (rare), or allergic reaction (rare).

I understand that a photographic image will be taken of any biopsy or surgery site performed for the sole purpose of identification of said site and insurance claims. I expressly consent to having said photograph taken. **If you are allergic to any type of local anesthesia you must inform your provider immediately.**

I understand that medical care requires my cooperation, and I will follow my doctor's orders and prescriptions. If indicated, I will make and keep appointments for follow-up care and call the office to note any changes or concerns in my condition.

I understand I may be billed by an outside laboratory for work that is performed in this office, if my insurance company does not have a contracted lab or facility, or if services are not covered by my insurance company. I will notify my provider of any special requests on sending pathology or specimens to specific labs, and understand that it is my responsibility to notify the provider each time I have an appointment.

I authorize Angelo Ayar M.D., aestheticians or staff of and Dermatology Experts to educate me regarding skin care products or devices suitable for my disease state or diagnosis. I understand that I can opt-out from receiving this information at any time by writing to the Office Manager: 7301 N. University Dr. Tamarac, FL 33321

In the event that my account must be turned over to a collection agency, I understand that a $15.00 collections fee will be added to my account. I hereby certify that I have read the foregoing CONSENT and fully understand.

Patient_____Date_____