



CONSENT FOR TREATMENT

Patient Label

PROVISION OF INFORMATION TO THE PATIENT

I have informed.....

of his/her present condition, alternative treatments available and have explained the nature, purpose, likely results and the material risks of the following recommended treatment / procedure(s):

Procedure/Treatment: .....

CONFIRMATION by Doctor

I, Doctor .....(name of doctor)

Signature of Doctor ..... Date: .....

CONSENT TO TREATMENT

Table with 5 columns: Excision Type, Estimated Fee, Estimated Out of Pocket Fee, Materials Fee (Inc GST), Consultation Fee. Rows include Basic, Standard, and Complex excision types.

I acknowledge that I have consented to the procedure/treatment as detailed above.

- I understand the explanation the doctor gave me as to the need and benefits related to procedure/treatment detailed above;
• I have had the opportunity to ask questions about the procedure/treatment and I am satisfied with the information that I have received;
• I understand the procedure / treatment carries some risk and complications may occur;
• I understand additional procedure(s) may be needed if the doctor finds something unexpected;
• I understand I am able to withdraw this consent at any time prior to the commencement of procedure / treatment;
• I hereby request and consent to the procedure/treatment above.
• I hereby request and consent to the proposed fee schedule as discussed and noted above.
• In conjunction with the above stated treatments/procedures, I request and consent to the administration of an anaesthetic

PATIENT'S SIGNATURE

(\*if patient or parent/guardian consenting to treatment please state relationship to patient .....

I hereby confirm that I consent to the treatment / procedure(s).

Full name.....

Signature of Patient ..... Date: .....