

Request for Medical Treatment

I, _____, have presented to Baldone • Reina Dermatology, APMC to obtain medical treatment for myself or my child.

I understand that in order to adequately treat or diagnose my condition, I may need to have a biopsy done or have a lesion frozen with liquid nitrogen, scraped off with a curette or burned off. Some risks associated with these procedures include scarring that may look worse than the original lesion, lightening or darkening of the skin, bleeding, infection, and a change in sensation. Some insurance companies may not include procedures as part of an office visit. If a procedure is done, according to your insurance plan, it may fall under a procedure deductible and you will have to pay according to your plan.

If Dr. Baldone or Dr. Reina feels that one of these procedures is necessary for me or my child's treatment, she will discuss this with me before proceeding with the procedure. I will be given the opportunity to ask any questions about the procedure, as well as to refuse the recommended procedure.

I am also aware that if a biopsy or culture is done it will be sent to an outside laboratory where it will be processed and filed to my insurance. Therefore, according to my personal insurance plan, I may have additional fees from the lab.

By signing this I acknowledge that I have read and understand the above information.

Patient/parent signature

Date

_____ I authorize Dr. Baldone or Dr. Reina to give my test results to:

_____ I do not authorize my results to be given to anyone other than myself.