

Walnut Creek Office:

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Brentwood Office:

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www.walnutcreekskinandlaser.com

Patient Name: _____

DOB: _____ **Age:** _____ **Date:** _____

PATIENT CONSENT FOR PROCEDURE AND RESULT NOTIFICATION

The information provided on this form will apply to all future procedures unless a new one is requested by the patient or guardian

Parent/Legal Guardian Name if under 18: _____

- I Consent to the procedure(s) of:
 - Skin Biopsy/Biopsies
 - Nail or Skin Culture
 - Excision of Skin Lesion
 - Lab Test

- I have been informed of the risk, benefits and alternatives to the above procedures, as well as the medical reasons of why the test is being ordered or performed.

Mark or complete the appropriate box:

I **give** permission to the above medical providers or a representative of their office to leave information or instructions pertaining to my results on my voicemail.

I **do not** give permission to the above medical providers or a representative of their office to leave information or instructions pertaining to my results on my voicemail.

- I request that you call me at the numbers listed below:

Home _____ Cell _____

Work _____ Other _____

Signature _____ Date _____

A copy of this form will be filed in your chart.