



LEW MEDICAL

DIPLOMATS OF THE AMERICAN BOARD OF FAMILY PRACTICE
Edmund H. Lew, MD | Ryan Lew, FNP-C | Katie Hammond, FNP-C
1505 Wilson Terrace Suite 250, Glendale, CA 91206
www.lewmedical.com

Surgery/Biopsy/Procedure Consent

I, _____ hereby consent to all surgical procedures and treatment, including but not limited to laboratory and biological tests and the administration of anesthetics, which are deemed appropriate and necessary by Lew Medical for the following procedures:

I have been informed of how the procedure will be performed and the alternative procedures that are available to me. I have also been informed of the possible risks and complications of surgery, including but not limited to:

- *Scarring
- *Keloid Formation
- * Infection
- *Bleeding
- * Pigment Alteration (Hyper or Hypo-pigmentation)
- *Nerve Damage (Both minor and sensory)
- * Recurrence

I am aware that these complications may occur in this procedure. I am also aware that the type of or extent of complications that may occur cannot be determined by the physician prior to the surgery.

Patient Signature

Date

Witnessed By:

Date

Provider Signature

Date