



Office Consent

I, _____ hereby authorize and consent to receive dermatology services and treatments as described below.

- Description of Services and Treatments: I understand that dermatology services may include but are not limited to the diagnosis, treatment, and management of skin, hair, and nail conditions, as well as cosmetic procedures. This may involve physical examinations, medical procedures, and/or the use of medications, lasers, or other devices.
- Risks and Benefits: I understand that the dermatology services and treatments may have risks, including but not limited to potential side effects, complications, allergic reactions, and/or incomplete resolution of my skin condition. I also understand that the services and treatments may have potential benefits, such as improvement of my skin condition, relief of symptoms, or cosmetic enhancement.
- Alternatives: I understand that there may be alternative treatment options available for my skin condition, and I have discussed these alternatives with my dermatologist. However, I understand that the services and treatments recommended by my dermatologist are based on their professional judgment and expertise.
- Confidentiality: I understand that my dermatology records, including my medical history, diagnosis, and treatment plan will be only as authorized by law or as required for medical purposes.
- Financial Responsibility: I understand that I am financially responsible for the dermatology services and treatments rendered to me, and agree to pay for any charges incurred in accordance with the dermatology practice policies. Furthermore I consent for my credit card to be kept on file.
- Follow-up Care: I understand that my dermatologist may recommend follow-up visits and/or additional treatments for my skin condition, and agree to comply with these recommendations.
- Questions and consent: I have had the opportunity to ask questions about the dermatology services and treatments, and I have received satisfactory answers. I have read and understand the information provided in this consent form. I voluntarily consent to receive the dermatology services and treatments described above.
- Right to Revoke: I understand that I have the right to revoke this consent at any time before or during the dermatology services and treatments.

I have read and understand the information provided in this consent form. I hereby give my consent to receive the dermatology service and treatments as described above.

Signature: _____ Date: _____

