

Mole, Skin Tag & Lesion Removal Consent

Informed consent for cosmetic removal of skin tags, benign moles, and pigmented lesions by radiofrequency, laser, cryotherapy, or shave excision, with a pathology acknowledgement

Client Information

First Name *

Last Name *

Email Address *

Phone Number *

Date of Birth *

MM / DD / YYYY

Lesion Details

What is being removed? *

☐ Skin tag(s)

☐ Mole (nevus)

☐ Seborrheic keratosis / age spot

☐ Cherry angioma

☐ Milia

☐ Other

Number of lesions *

Location(s) *

Method *

☐ Radiofrequency / Electrocautery

☐ Laser

☐ Cryotherapy (freezing)

☐ Shave excision

☐ Snip excision

Has the lesion recently changed in any of these ways? *

☐ Grown in size

☐ Changed color or has multiple colors

☐ Irregular or uneven border

☐ Bleeds, itches, or crusts

☐ Appeared new after age 30

☐ No changes

Has a dermatologist or physician evaluated this lesion? *

☐ Yes ☐ No

Medical History

Are you pregnant, trying to conceive, or breastfeeding? *

☐ Yes ☐ No

Do you have any of the following?

- | | |
|--|---|
| ☐ Autoimmune condition (lupus, RA, MS, etc.) | ☐ Bleeding disorder or on blood thinners |
| ☐ Diabetes | ☐ History of keloid or hypertrophic scarring |
| ☐ Cancer (current or within the last 5 years) | ☐ Immunosuppressed / immune disorder |
| ☐ None of the above | |

Do you have a personal or family history of melanoma or skin cancer? *

- ☐ Yes ☐ No

Do you have a pacemaker or implanted electronic device? *

- ☐ Yes ☐ No

Do you form keloids or thick scars? *

- ☐ Yes ☐ No

Have you taken isotretinoin (Accutane) in the last 6 months? *

- ☐ Yes ☐ No

Do you take blood thinners? *

- ☐ Yes ☐ No

Current medications and supplements

Allergies (medications, latex, lidocaine, anesthetics)

Risks & Complications

Potential Risks and Complications:

- Scarring — every removal leaves a mark that may be flat, raised, lighter, or darker than the surrounding skin
- Hyperpigmentation or hypopigmentation at the site, sometimes lasting
- Incomplete removal or regrowth requiring a second treatment
- Bleeding, infection, or delayed healing
- Pain or burning during and after treatment
- Nerve irritation — temporary numbness (rare)
- Missed diagnosis — cosmetic removal without pathology means a lesion is not examined under a microscope; a suspicious or changing lesion should be evaluated by a physician and may need biopsy

Keep the site covered and moist as instructed, avoid picking scabs, and use sun protection for 3 months to reduce discoloration.

I understand that removal always leaves some mark, that it may be lighter, darker, or raised, and that the lesion may return and require re-treatment.

I understand a scar or pigment change will remain: _____

I understand that cosmetic removal does not include microscopic examination unless specifically arranged, that a changing or suspicious lesion should be evaluated by a dermatologist first, and that I have answered the lesion questions truthfully.

I understand this removal is cosmetic and the lesion will not be examined by pathology unless arranged: _____

Photo Release

May we take before-and-after photos for your treatment record? *

- ☐ Yes — for my medical record only
- ☐ Yes — and you may use them anonymously for marketing
- ☐ No

Service Log

For office use only

	Date	Lesion / Location	Method / Settings	Notes
Entry 1				
Entry 2				
Entry 3				
Entry 4				
Entry 5				
Entry 6				

Consent & Signature

I voluntarily consent to cosmetic removal of the lesion(s) described above. I have been informed of the benefits, risks, alternatives (including physician evaluation and biopsy), and potential complications, including scarring and pigment change. I understand this is an elective procedure and no guarantee of outcome has been made. I release the provider and practice from liability related to this treatment except in cases of negligence.

I confirm I have read and understood the above information and give my informed consent.

I have read and understand the above information: _____

Signature

Date

Print name

Date *

MM / DD / YYYY

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