



SKIN CHECK PROCEDURE CONSENT FORM

I understand that skin check will involve a thorough skin check with a derma scope. Followed up by a discussion with Dr

This procedure is booked for a 30 minute time slot.

The doctor has discussed with the following:

- The nature and purpose of the treatment
- Additional methods of management that may be necessary if something unexpected happens
- The complications that may occur
- That the outcome of a method of medical management can never be absolutely guaranteed, even though it is carried out with due care

I, _____ (full name of person giving consent) of,

_____ (address of person giving consent)

Consent to _____ (myself or name of patient) undergoing the skin check procedure set out above.

I have been informed of the following costs:

- Cost of procedure is \$140 with \$75.05 rebate with a valid Medicare Card
- Total out of pocket cost \$ 64.95

Should the appointment lead to a biopsy and/or an excision the GP will discuss any additional costs.

Signed: _____ Dated _____