



Consent for SKIN TAG REMOVAL

Thank you for choosing Alazzo Med Spa, LLC. This form is exclusively related to treatment of unwanted skin tags. Please read this form thoroughly and ask any questions that you may have prior to treatment. This consent will serve for all skin tag treatments performed and does not need to be renewed. Sign only after you feel comfortable enough to get started.

Procedure: I am consenting to have my unwanted skin tags removed. Once removed these tags will NOT be lab tested. If testing is desired a dermatologist should be consulted.

Skin Tag Removal Operation: The area around the skin tag is cleaned with an alcohol solution. The tag is then lifted and gently snipped off. A small pinch is felt. Larger skin tags or at the request of the patient a numbing agent can be injected prior to removal of the skin tag. Compression and a small bandage will be applied after the skin tag is removed.

Restrictions: There is no guarantee that more skin tags won't be created once current skin tags are removed. Skin tags are most commonly formed from friction. Limiting friction in an area can help minimize skin tags formation.

Standard Skin Effects: A small scab may form over the area where the skin tag was removed. This scab will fall off naturally in a 7-10 days. Please do not pick at scabs. Some bruising may be present around some larger skin tags.

Uncommon Skin Effects: Larger skin tags may need a suture or two after removal. This option will be discussed with you PRIOR to removal of skin tags large enough for sutures. A return visit will be required to remove sutures if skin tag is large enough to require sutures. Infection (pain, redness, or swelling) is an uncommon side effect if area is kept clean and covered after procedure and Post Treatment Instructions are followed.

Pre and Post Instructions: I agree that I have received the pre and post treatment instructions and will follow those instructions carefully. I acknowledge that failure to follow these instructions may result in an increased risk of complications or a reduction in optimal results.

I am at least 18 years of age and my signature below attests that I have all of my questions answered to my satisfaction, I am comfortable with the information received in this consent and I agree to the terms outlined in this consent.

Printed Name: _____ Date: _____

Signature: _____

Parent/ Legal Guardian: _____(if under 18 years of age)

If you have any questions after reading these guidelines, please do not hesitate to call us for clarification.