

HAMPTON DERMATOLOGY PC
325 Meeting House Lane Ste J
Southampton, NY 11968
631-283-3131

Procedure Consent

Many patients that are treated at Hampton Dermatology PC undergo some type of procedure. This form establishes your consent for Dr. Craig Austin, Dr. Steven Fishman and Associates to perform procedures as part of your therapy. The risks of undergoing procedures may include but are not limited to scars, pigmentary changes/blemish, infection, bleeding and numbness. Less likely risks include permanent nerve damage and deformity. Often the risks noted may be remedied by secondary procedures. Sometimes multiple procedures are required to treat a dermatologic problem. The benefits of undergoing procedures include diagnosing and potentially curing a skin problem.

I understand that dermatologic procedures may be performed on me at Hampton Dermatology and that I will have the opportunity to discuss this with Dr. Craig Austin, Dr. Steven Fishman and Associates.

I am aware that today my evaluation and management may be provided by ancillary staff such as a Physician Assistant. I am also aware that I may request evaluation and management by the Physician either today or an appointment can be made with the Physician in the near future for me.

I recognize that the practice of medicine is not an exact science and acknowledge that no guarantees or assurances have been made to me concerning the results of such procedures.

I understand that my appointment today was made with:

_____ Craig Austin MD _____ Steven Fishman MD _____ William Tutrone MD
_____ Jeanine Gurdon PA _____ Christina N DeMartino PA-C _____ Loree Ann Stanton RN

Patient/Guardian: _____

Date: _____