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ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-703-620-8900.

লক্ষ্যকরুনঃ যদি আপনাবাংলা, কথাবলতপোরনে, তাহলনেঃখরচায়ভাষাসহাযতাপরষিবোউপলব্ধআছে। ফোনকরুন ১-৭০৩-৬২০-৮৯০০ |

Dè dɛ nià kɛ dyédɛ gbo: ɔ jũ ké m̄ [Bàsɔ̀̀-wùdù-po-nyɔ̀] jũ ní, nií, à wuɖu kà kò dò po-poò béin

m̄ gbo kpáa. Đá 1-703-620-8900

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-703-620-8900 पर कॉल करें।

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-703-620-8900

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች በነጻ ሊያገኙዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-703-620-8900

توجه: اگر بھز بارفارسی گفتگو می کنید، تنه و لاتزباری بصورت تراکئبرای شما فر اهم می باشد. با 1-703-620-8900 تماس بگیرید.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 703-620-8900

THE CLINICAL SKIN CENTER OF NORTHERN VIRGINIA

MOHS SURGERY WOUND CARE INSTRUCTIONS

DRESSING CHANGES

You will have a bulky “pressure dressing” on the surgery area. Do NOT remove this dressing for 48 hours. Please keep the dressing dry. After the second day, remove the bandage and begin daily cleansing and dressing changes as follows:

1. Clean the area with 50/50 mixture of tap water and **Hydrogen Peroxide**.
2. Apply Plain **Vaseline** (Petroleum Jelly) or Aquaphor over the entire wound. Do not use Neosporin or Bacitracin unless otherwise instructed.
3. Cover wound with a **Band-Aid** or sterile, non-stick pad (e.g. Telfa) and paper tape. A pharmacist may help you identify the appropriately-sized bandage at the pharmacy. Covered wounds heal faster, scabbed wounds heal slower.
4. Repeat these steps once daily until the wound has healed. If the dressing becomes soaked with water or sweat, change the dressing immediately.

*Note if no stitches: After 1-2 weeks, the wound begins to shrink and new skin begins to grow. Once the wound grows a new layer of skin (1-4 weeks), discontinue Vaseline and dressings.

WHAT TO EXPECT AFTER YOUR SURGERY

- ❑ **ITCHING:** Patients frequently experience itching during initial wound healing. This may last a few weeks. Plain Vaseline helps soothe itching. Severe itching with extensive redness can indicate sensitivity to the dressing. CALL the office if this develops.
- ❑ **PAIN:** The area may remain numb for a few hours following your surgery. Once the numbing medicine wears off, mild discomfort is common. **You may use Extra Strength Tylenol (acetaminophen) for discomfort: 1-2 tablets every 6 hours** (unless your doctor has instructed you otherwise). Avoid non-prescribed anti-inflammatories for the first week because they can increase bleeding. Discomfort should improve daily. If pain is increasing after 1-2 days following your surgery, CALL the office. The surgery area may need to be checked for bleeding or infection.
- ❑ **SWELLING:** Swelling is common and expected to **increase** the first few days after surgery, especially around the eye, nose, and mouth. Cold compresses decrease pain, swelling, and bruising. Use cold compresses every 1-2 hrs for 15 minutes for the first 2 days after surgery. You may use an ice bag, or a bag of frozen vegetables. Leave the dressing in place. Remove compresses before they cause pain to the skin.
- ❑ **BLEEDING:** A slight amount of oozing at the wound site is normal in the first few days. However, if excessive bleeding occurs, use clean gauze or cloth and apply direct, firm pressure for 20 minutes. DO NOT release the pressure to inspect the dressing until the 20 minutes is up. DO NOT remove the bandage we put on the wound, but you can put another layer of gauze and tape over it. If the bleeding doesn't stop, try pressure for *another* 20 minutes. If this does not stop the

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bleeding then call the number below or go to the nearest hospital. **If a graft area is bleeding, CALL the office.**

Bleeding under the skin may occur in one of two forms: a bruise or a hematoma. A bruise may look purple or black around the area and commonly occurs around the eyes. It may turn yellow after several days and take a week or so to resolve. A hematoma is a collection of blood under stitches that appears as an expanding lump. It that can develop in the first 48 hours. It may be noticed right away if it is rapidly expanding or a small one may be felt with the first dressing change. **CALL the office if you feel any hematoma.**

- **INFECTION:** All wounds will develop a small halo of redness and have some drainage normally. The most common sign of infection is worsening pain. Other signs include rapidly expanding redness, warmth, swelling and increasing drainage of foul smelling fluid. Fevers and chills may also develop. If you notice these signs, **CALL the office.**
- **NUMBNESS:** Your wound may be sensitive to temperature changes (such as cold air). This sensitivity improves with time. Numbness around a wound frequently recovers but may take a year. It is not uncommon for numbness to last several months, especially when surgery is performed around the lips and forehead. Rarely, an area may remain numb permanently.
- **SPITTING STITCH:** Dissolvable stitches under the skin are absorbed after 2-3 months. During this time, the scar may have a more lumpy appearance temporarily. Sometimes, the healing wound pushes the stitch out of the skin (like a splinter) and it becomes visible. If this happens, keep the area moistened with Vaseline and allow the skin to express the stitch spontaneously. Do not attempt to remove it yourself.
- **SCAR:** You will have a scar. Initially, the scar will remain red. It should slowly fade over the next 6 -12 months. You may be able to opt for laser treatments to quicken the healing; ask the doctor if you are interested. Freshly sutured wounds are purposely designed to have elevated scar lines to allow for scar contracture. This will flatten over several weeks. Firmness underlying a wound will be most apparent at 3 weeks – this will go away and can be improved by massaging the wound starting after the 1st month of healing. Keloids, or thickened scars can develop, especially on the neck and trunk. These may need to be treated with anti-inflammatory prescription or injections. Flap and graft repairs can leave contour abnormalities and may need revision.

ACTIVITY RESTRICTIONS

We recommend all patients avoid strenuous activity for the first 48 hours following Mohs surgery.

Additional restrictions may be advised depending on your particular surgery.

If you have stitches: Removal in _____ days from today, on Date: ____/____.

Sutures are removed on a **walk-in** basis Mon – Thu
Suture removal hours: 8:00-11:45am & 1:00-2:30 pm Mon-Thu

There may be a brief wait while our staff assists regularly scheduled patients.

THE CLINICAL SKIN CENTER OF NORTHERN VIRGINIA

**THE CLINICAL SKIN CENTER
OF NORTHERN VIRGINIA, PLLC**
Dermatology, Laser and Aesthetic Skin Care

Skin Graft Care

- Skin grafts require extreme caution to prevent trauma to grafted area so that they develop attachment to the recipient wound.
- Please call the office if any active bleeding occurs. You may notice mild drainage of pinkish or yellowish fluid around the wound edge. This is normal and expected.
- No exercise or physical activity that raises blood pressure for the first 48 hours.
- Try not to remove bandage for 5-7 days to allow enough time for the graft to begin its connections to the wound.
 - Please take all antibiotics as prescribed.
- When cleaning, use a 50/50 mixture of hydrogen peroxide and water. Dip a q-tip into mixture and gently wipe along the incision lines only, then apply vasoline liberally.
- You can expect the graft to become swollen and turn reddish-purple in the first few weeks, this is normal.
- Occasionally, the top layer of skin sloughs off of the graft after several weeks and can be associated with an odor. This layer is not needed for successful graft acceptance.

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REGIONAL WOUND CARE CONSIDERATIONS

Below are additional instructions that may pertain to you depending on site of surgery and type of wound.

Wound left open (granulation)

- It may take a month or more for your wound to form a layer of skin. Skin begins to grow from the edges and the bottom of your wound.
- It is important to prevent a scab from forming, as this presents an obstacle to the migration of new skin cells. Keeping the area lubricated with vasoline and covered helps prevent scab formation. If you develop a scab, soak the area for 15 minutes with clean water and hydrogen peroxide, and then apply vasoline and a bandage.
- You may develop lumpiness and redness in the healed area after the skin forms. This is normal and caused by immature collagen formation that must be remodeled for a fully formed scar. You can help this remodeling by massaging the area at night.

Scalp

- Try and keep your head elevated somewhat during sleep for the first few days to prevent bleeding.
- You may begin to shampoo your hair 2 days after your surgery, but avoid direct exposure of shampoo to the healing wound.
- If your wound is on hair-bearing skin, you may stop using a bandage after the initial pressure dressing is removed
- It is important to keep un-bandaged wounds covered with vasoline and protected from the sun. You may need to apply vasoline several times daily in the absence of a bandage to prevent a scab.

Arm or Leg

- You may have several days of swelling on wounds below the elbow or knee.
- Compression dressings help control swelling and pain. They also help healing.
- Use Coban or Ace wrap to apply pressure to area, but do not constrict tightly such that the skin turns white, goes numb, or feels cold. Please consult with your primary doctor before applying compression if you have a history of poor circulation to these areas.
- You may be given an antibiotic to prevent infection, please take entire amount.
- Any wound around a joint is subject to stress with mobility. This may delay healing, increase scarring, and prolong swelling. Immobilize the wound as much as possible to help healing.

Ear

- Deep wounds may affect cartilage and can cause extreme swelling and pain called chondritis that may mimic infection. When this happens, the entire ear can be affected. You may receive an antibiotic to help prevent this if the likelihood is high. Contact the doctor if the redness and swelling start increasing after the first two days from your surgery.
- Wounds on the ear are best cleaned with a dilute vinegar mixture. Mix 1 tablespoon of white vinegar with 1 cups clean water. Saturate a q-tip, cotton, or gauze into the mixture and use to clean your wound once daily for two weeks.

Lip

- While the skin seals quickly on lip wounds, they tend to be red and thick for a month or longer due to the muscles under the skin pulling on the scar. The scar also tends to be numb for several weeks.
- Avoid use of straws and very warm liquids for the first few days, as these can cause the wound to open. You may eat and drink immediately after your surgery, but be cautious not to bite your lip, as the numbing medicine may decrease your sensation for several hours.
- Occasionally, sutures on the red part of the lip dissolve very quickly and there is a slight opening. This is normal and heals with minimal scarring.
- When bandaging, there is no need to cover the pink part of the lip; just use Vaseline to keep it moist.

Dilute Vinegar Soak

- Mix one tablespoon of white vinegar in 1 cup of water.
- Soak affected area in the dilute vinegar solution or dampen a clean washcloth and apply to affected area for 5 minutes.
- After the vinegar soak apply Vaseline to wound and cover with a bandage.
- Repeat the above with every dressing change.

Vbeam POSTOPERATIVE INSTRUCTIONS

Precautions to Take Following Your Laser Treatment

- Do not rub, scratch, or pick at the treated area while the bruising/red discoloration is present.
- If the area becomes tender, reddened or shows signs of infection, please call the office immediately.
- Avoid Contact sports while the bruising/red discoloration is present.
- Avoid rubbing or pressure (caused by clothing) on the treated areas. A bandage may be applied to the treated area to prevent this.
- Avoid exposure to the sun. If sun exposure is expected, wear a hat; apply sunscreen of SPF 15 or higher to prevent pigmentation changes until the lesion is healed. If the lesion has a scab or tissue changes, cover the area with a bandage while exposed to the sun.

Care of the Treated Area

- Apply Vaseline ointment to the treated area 4 times a day as long as the bruising/red discoloration is present OR if there is no discoloration or scabbing, a moisturizer can be used daily. It is important to keep the area moist until healed.
- Showers are permitted, but gently pat the area dry. Do not rub with a towel or washcloth as the area is extremely delicate while the bruising/red discoloration is present. If the legs are treated, do not take a bath the first 48 hours as the intense heat may cause additional discomfort. Showers are recommended.
- Any discomfort you may have (usually not lasting more than a few hours, if any) can be relieved with Tylenol.
- After the red discoloration disappears, hyper-pigmentation (brown discoloration) or hypo-pigmentation (white discoloration) may be present for up to 3-5 months. This is rare but if it occurs, use a sunscreen (at least SPF 15-30) on the area until the normal color returns.
- Avoid contact sports during the healing if any scabbing or crusting is present. Otherwise, cover the area with a bandage if there is a possibility of trauma occurring to disrupt the skin.

THE CLINICAL SKIN CENTER OF NORTHERN VIRGINIA

Mitchell E. Stashower, M.D
The Clinical Skin Center of Northern Virginia

Post Beta-Hydroxy Acid Peel Instructions

For the next seven days or so your skin will experience the post peel renewal. The outer layer of dead skin will shed. You may or may not be able to see the peeling. The visible peeling usually begins 2-4 days after the peel session and can last 4-5 days. In addition, you may notice some mild tightness or itching. The experience reminds some people of a mild sunburn.

To achieve the best results from your Beta-Hydroxy treatment:

1. Apply a mild facial moisturizer twice daily or as often as needed.
2. Resist the urge to pick, peel or scratch the treated or flaking skin. This can cause scarring.
3. You may apply makeup immediately following the peel.
4. If you will be outdoors, apply a sunscreen with at least SPF 15. Avoid prolonged sun exposure to the mid day sun when the sun is strongest.
5. Do not have any other facial treatments for at least a week after the Beta-Hydroxy peel.
6. If you have any questions regarding your treatment, please feel free to call us (703) 620- 8900.

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Acne Fact Sheet

Acne facts

- Acne is a skin condition that consists of pimples, deeper lumps (cysts or nodules), and plugged pores (blackheads and whiteheads), that occur on the face, neck, chest, back, shoulders, and even the upper arms.
- Acne usually begins in puberty, but the condition is not restricted to any age group. Adults in their 20s, 30s, 40s — even into their 50s — can develop acne.
- Acne is caused by three major factors:
 1. Overproduction of oil by enlarged oil glands in the skin.
 2. Blockage of the hair follicles that release oil.
 3. Growth of bacteria, called *P. acnes*, within the hair follicles.
- Scientific research has led to many new acne therapies and changes in existing treatment options.

Statistics

- Acne is the most common skin disorder in the United States, affecting 40 million to 50 million Americans.
- Nearly 85 percent of all people have acne at some point in their lives, most often on the face, chest, and back.
- By mid-teens, more than 40 percent of adolescents have acne or acne scarring, which requires treatment by a dermatologist.

Acne care and treatment

- To limit scarring, do not pop, squeeze, or pick at acne.
- Gently wash affected areas with mild soap and warm water. Vigorous washing and scrubbing can irritate your skin and make acne worse.
- Use noncomedogenic (does not clog pores) cosmetics and toiletries.
- Use oil-free cosmetics and sunscreens.
- Avoid alcohol-based astringents, which strip your skin of natural moisture.
- Use medication as directed and allow enough time for acne products to take effect.

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MEDIUM DEPTH CHEMICAL PEEL (TCS/JESSNER'S) AFTERCARE

- The skin will look and feel tight as if it were covered with a sheet of plastic.
- Any area of epidermal hyper-pigmentation (i.e. freckles) will darken considerably as part of its reaction to the peel.
- Varying degrees of swelling occurs. The swelling usually peaks 48 hours after the peel. (It would be better to sleep with your head elevated.) Avoid bending over and heavy lifting for 72 hours.
- The first areas to begin peeling will be the areas with the most muscle movement (around the mouth and eyes).
- The forehead and hairline are usually the last areas to peel.

The layer of peeling tissue protects the underlying new tissue. Premature removal of any of this layer increases the risk of persistent redness, infection, post-inflammatory hyper-pigmentation and scarring. Therefore, the goal of post-peel care is to keep this layer of tissue in place as long as possible. It is important not to pick or scratch the skin. It is important to wash the area and apply ointments gently; this will prevent the area from premature peeling. It is advisable not to wear makeup, swim, or shower where the water is splashing directly on the face as this can create premature peeling. It is important to keep the area moist to prevent cracking.

Washing

Always use the supplied Cetaphil. Splash lukewarm water on the face and then pat onto the skin. Rinse the lather off and gently pat the face dry with a soft towel. It is not necessary to try to wash off all remnants of the previously applied emollients.

Applying emollients

When applying any cream or ointment, every effort should be made to pat rather than rub the product onto the skin. Since this is particularly hard to do with most ointments (they usually are stiff) it is helpful to put a dab of ointment in the palm of your hand and allow it to warm up and liquefy before applying it to the skin.

1. Avoid all sun exposure
2. Avoid exercise and sweating
3. Avoid having the shower spray strongly on your face
4. Do not pick, rub, or unnecessarily touch your face.
5. Minimize facial expression
6. Try to sleep on your back with head tilted
7. If you shampoo your hair, it should be done with your head tilted backward into the sink so no soap runs down your face.
8. Take all your medicines as prescribed

In an **EMERGENCY** contact Dr. Stashower: (703)620-8900

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Photodynamic Therapy Instructions

Description of Treatment

- Photodynamic Therapy is a treatment that has been successfully used for actinic keratoses (precancerous skin growths), acne, and other skin conditions.
- A solution called Levulan is applied to the affected areas for 1 hour.
- The solution makes the condition sensitive to light destruction. A light source or laser (V beam) is then applied to the affected areas. This step takes about 15 minutes, and is associated with a snapping sensation of the skin.

Pre-treatment Instructions

- On the day of the treatment, you must bring a broad (4 inch) brimmed hat to shield your face from light.
- Plan your treatment for a time when you are not expected to be in outdoor midday sunlight or bright indoor light for a period of approximately 5 days after treatment. Do not plan sunny vacations for at least 10 days after treatment.
- Please inform the physician of any medications you are taking, since they may make you more light sensitive and of any history of cold sores so that you may be pre-treated with antiviral medications.

Post-treatment Instructions

- Immediately following treatment, your skin will appear reddened. For most patients, the degree of redness is mild to moderate.
- Was twice daily with Cetaphil cleanser (or another non-soap cleanser that you tolerate) and apply Aquaphor healing ointment (or another emollient that agrees with you.)
- The redness usually lasts about 4 or 5 days, though in unusual instances as long as 2 weeks, depending upon the degree of sun damage or other factors.
- You should **avoid sunlight or bright indoor light** particularly the **first 3 days after treatment**. If you must go out, wear your hat and keep exposure to a minimum. If stinging or burning occurs, this signifies too much light exposure and you should go into a darker environment. When indoors, keep lighting low and blinds pulled. Most patients tolerate the procedure well.

Follow-up and Ongoing Treatment

- You will be instructed as to the appropriate follow-up interval following your photodynamic treatment. This typically ranges from 2-4 weeks, depending upon the condition.
- Depending upon the type and severity of your skin condition, you may require a series of ongoing treatments spaced at defined intervals apart. This is necessary to safely and effectively treat the skin condition at hand. It is important to keep your follow-up appointments in order to be properly evaluated and to achieve the best possible results.

WHEN TO CALL THE OFFICE

If you develop pain, pus-filled bumps, or redness extending beyond the treated area, this may signify an early infection. Call the office so that you may be evaluated promptly by the physician.

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SCABIES – Treatment Instructions

Scabies is a common skin condition caused by tiny itch mites. They burrow under the skin and lay eggs. The mites beneath the skin are what cause the itching and other signs of **scabies**. The itch mites are almost invisible and can't be seen without a microscope.

The red, itchy bumpy rash can be anywhere on your body but is most common on the, hands, wrists, elbows under the armpits, along the waist line, on the back of the buttocks, or on the breasts, groin or penis. The itching may get worse at night. **Scabies is quite contagious.** Scabies is only spread by prolonged touching of a person who has scabies (for example sharing clothing, towels or a bed). The scabies mite does not jump from one person to another. Scabies is usually spread from person to person by close, prolonged physical contact such as touching a person who has scabies or holding hands. It can also be spread during sexual contact.

Clothes, towels, or bed sheets can spread the scabies mite if the items were recently in contact with a person who has scabies. **The mites will die within 3 days if they are away from the human body.**

Itching sometimes lasts for a month after adequate treatment of the mites.

Treatment Instructions

- Each 60 gram Tube of Medicine contains enough cream for 2 WHOLE BODY APPLICATIONS.
- All household members and close contacts of a person with scabies need to start treatment on the same day.
- **Day #1: Treatment #1 At Bedtime:** CAREFULLY and slowly, apply the cream NECK DOWN – to your ENTIRE SKIN SURFACE, under the arms, in between toes, EVERYWHERE including the buttocks and groin. **Wash it off in AM.**

*Use an old Toothbrush to scrub the medicine under your nails.

- **Day #6:** Starting this day - separate and collect all items of Clothing, including shoes, coats, hats, gloves that you wear. They will be washed on day #9.
- **Day #8: Treatment #2 At Bedtime:** CAREFULLY and slowly, Re-apply the cream NECK DOWN – to your ENTIRE SKIN SURFACE, under the arms, in between toes, EVERYWHERE including the buttocks and groin. **Wash it off in AM.**

*Use an old Toothbrush to scrub the medicine under your nails.

- **Day #9:** WASH AND DRY YOUR BED SHEETS AND PILLOW CASES and all of the collected separated clothing in warm soapy water. This will kill any remaining mites.

If items can't be washed they must be bagged and left aside for 72 hours.

- You DO NOT need to fumigate the house or worry about furniture or carpets.

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WART TREATMENT INSTRUCTIONS

Warts are a common Viral Infection of the skin. They are spread by direct contact with skin. Even with proper treatment, some warts take several months to go away. The goal of this treatment plan is to convince your (child's) Immune System, the infection fighting system, to get rid of the Wart Virus Infection.

****Begin this treatment 3-4 days after the Freezing or Blistering was performed****

EVERY MORNING

Apply a generous amount of **Tazorac Gel** or **Urea Gel** to the wart. Don't worry if it doesn't seem to "rub in." You do not need to cover the wart. You may wear a Band-aid if desired.

EVERY AFTERNOON OR AFTER SCHOOL OR WORK

***** Sand down the warts with Fine or Medium Grit Sandpaper or a Pumice Stone until they Hurt Mildly or Bleed Mildly. *****

You must do this in order for the medications to absorb into the wart. This removes the dead skin from the wart and allows the medications to penetrate the thick wart skin. To avoid spreading the warts, don't use the Sandpaper or Pumice anywhere else on the body or share it with anyone.

EVERY BEDTIME OR EVENING

Use a small pin to make a hole through only one side of the **Packet of IMIQUIMOD (Aldara)**.

Squeeze out a small amount of medication through the hole and apply it to the affected area and about a ¼" of surrounding normal skin.

Apply **Duct Tape** to the wart overnight, remove tape in the morning.

You may re-use the same packet of Aldara each night until all of the medication in it is gone.

THE CLINICAL SKIN CENTER OF NORTHERN VIRGINIA

Skin Care Instructions for People with Rashes and Sensitive Skin

1. How often / how long should I bathe or wash my (my child's) skin?

You/your child can stay quite clean and healthy even if you space out the bathing/showers as much as possible, every few days is best. Spot clean-up of the dirtiest areas like the underarms or diaper area is fine for times in-between full bathing.

Quick bathing is important - decrease time in the water (no playing ☺).

2. What water temperature is best for my skin?

Cool water is best and is least drying. Never use hot water, even if this makes you feel less itchy at first.

3. What type of Soap is best?

All soaps and cleansers are drying to some degree and will worsen skin rashes.

Avoid fragranced and deodorant soaps – too harsh.

You do not need antibacterial soaps – they will not help and are too harsh.

Some excellent choices: Bar soaps: “Sensitive Skin Dove (light blue box)”

“Oil of Olay (unscented)”.

Liquid body washes: Sensitive Skin Dove or Oil of Olay

Non-soap cleansers: “Cetaphil”

4. How much soap/cleanser do I use, and where do I use it?

Use as little soap/cleanser as is possible.

Only use the soap/cleanser on the dirtiest areas – under arms, groin, feet, etc.

Avoid using soap/cleanser on skin that is red and itchy.

5. How about Scrubbing?

*Do not use a wash cloth for shower/bathing – Too harsh.

*Never scrub your skin.

*Spread the soap/cleanser GENTLY with your fingers.

*Do not use the puff that comes with some liquid soaps – it gets full of bacteria and is too harsh.

*Do not use loofa sponges or other exfoliating devices.

6. How do I dry the skin off after bathing?

Pat dry with a soft towel. Do not rub.

7. What about moisturizers?

This is **most important** to improving your skin. While still damp after bathing, cover entire body with thick moisturizer. Repeat moisturizer at least 2-3 times a day, the more the better. Try plain “Vaseline” at night on problem areas.

IN CASE OF EMERGENCY OR URGENT CONCERNS AFTER HOURS, PLEASE CALL OUR OFFICE IMMEDIATELY, THERE IS ALWAYS A DOCTOR ON CALL (703) 620-8900

Wound Care Instructions

1. After the first day, remove the bandage and begin daily cleansing and dressing changes as follows:
2. Clean the area with tap water and a small amount of **Hydrogen Peroxide** using sterile gauze or a Q-tip.
3. Dry with a sterile gauze pad or Q-tip.
4. Apply Plain **Vaseline** (Petroleum Jelly) sparingly over the entire wound.
5. Cover the wound with a **Band-Aid** or a sterile, non-stick gauze pad (Telfa) and paper tape.

Note: Spotting on the dressing is to be expected, particularly in the first few days.

**PLEASE REPEAT THESE STEPS AT LEAST ONCE DAILY
UNTIL THE WOUND HAS COMPLETELY HEALED**

***It is a myth that a wound heals better when exposed to the air. The wound will heal faster (up to 50% faster!) and with a nicer cosmetic result, if it is kept clean and covered with ointment and a bandage.

Activity Restrictions: Enjoy your normal activities unless otherwise advised. You may exercise, swim or bathe as you normally would. It is important to immediately change a dressing that becomes soaked with water or sweat.

You may only use Tylenol (acetaminophen) for discomfort or pain (unless your primary care doctor has instructed you otherwise) –other pain relievers may increase oozing or bleeding.

If you have stitches: Removal in _____ days from today, on Date: ____/____.

Sutures are removed on a **walk-in** basis Mon – Thurs
Suture removal hours: 8:00-11:45am & 1:00-2:45 pm, M –Thurs

There may be a brief wait while our staff assists regularly scheduled patients.
For fastest service try to arrive at 8:00am or 1:00pm.

After suture removal, please continue wound care for at least 3-4 more days.

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- ❑ During the healing process you will notice a number of changes. Severe itching with extensive redness usually indicates sensitivity to the ointment used to dress the wound or to the bandage tape. Call me if this develops.
- ❑ All wounds develop a small surrounding halo of redness (about ¼”) which means healing is occurring.
- ❑ Swelling and/or discoloration and bruising around your surgical site are common, particularly when performed around the eye.
- ❑ All wounds normally drain (the larger the wound the more drainage) which is why we insist on daily dressing changes. Drainage diminishes after the first week. After 1-2 weeks, the wound begins to shrink and new skin begins to grow. A healed wound has a healthy shiny look to the surface and is dark pink-red in color. Small wounds may heal in 1-3 weeks. Larger wounds may take 4-5 weeks. After the wound has healed over, you can stop the daily dressing changes. The wound will remain quite red and slowly fade over the next few months – sometimes up to 6 months – 1 year is required.
- ❑ Your wound may be sensitive to temperature changes (such as cold air). This sensitivity improves with time. Numbness around a wound frequently recovers but may take a year. Rarely, an area may remain numb permanently.
- ❑ Patients frequently experience itching after their wounds appear to have healed because of the continued healing underneath the skin. Plain Vaseline will help relieve the itching.
- ❑ You may experience a sensation of tightness as your wound heals. This is normal and will subside gradually. Frequent firm massage will help loosen the scar. You may begin massage a month after the wound has completely healed.

BLEEDING - A slight amount of oozing at the wound site is normal. However, if excessive bleeding occurs, you should be able to stop it by using clean gauze or cloth and applying direct, firm pressure to the dressing for 20 minutes. DO NOT release the pressure to inspect the dressing until the 20 minutes is up. DO NOT remove the bandage we put on the wound, but you can put another layer of gauze and tape over it. If the bleeding doesn't stop, try pressure for *another* 20 minutes. If this does not stop the bleeding then call me or go to the nearest hospital.

SCAR MATURATION - Scars may take many months to mature and the final result may not be apparent until after 1 year. Freshly sutured wounds are purposely designed to have elevated scar lines. This will flatten when dissolving sutures underneath the skin go away in a few weeks. Firmness underlying a wound will be most apparent at 3 weeks – this will go away and can be improved by massaging the wound starting after the 1st month of healing. Rarely, grafts and scars might need revision.

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Liquid Nitrogen - Wound Care

Treating an area of skin with liquid nitrogen freezes the skin and destroys the tissue in the top layer of skin. It is used to remove superficial skin growths. Liquid nitrogen causes stinging and some discomfort while the growth is being frozen and then thaws. The discomfort usually lasts only a short time but can vary by area.

Care of the site

- DO NOT PICK AT THIS AREA. Picking can damage the skin and keep it from healing as well—it may cause scarring or a longer healing time.
- If it forms a large blister that gets in the way, you may pop the blister with a sterile needle - but if you do this, keep the area covered with antibiotic ointment and a Band-Aid.
- You may cover it with a Band-Aid if you like, but this is not necessary unless the blister breaks. Call our office if discomfort in the area is getting worse after a few days. Very rarely a frozen area can get infected—and if it does, it will be more painful, and would need further treatment.
- Wash the skin gently. You may apply makeup, but NOT into an open sore.

What to expect

Discomfort at the site. If this was a light freeze on an area of skin there will be some stinging for 10 or 15 minutes, and possibly some itching. If the area frozen was on the palm or the sole, it may be quite painful, and that pain will often last one or two days.

Blistering. Sometimes a blister will form. This may be a blood blister or a clear blister.

Scabbing. After two or three days, sometimes as long as a week, the area will feel like a scab. DO NOT PICK AT IT! (Picking at it could cause a scar!)

Swelling. Treatment of areas on the forehead, nose or eyelids can result in painless swelling of the eyelids, especially noted in the morning. This will subside in 2-7 days.

Discoloration. The area frozen may turn darker brown or even black.

Peeling & Redness. After 7-10 days the area will start to peel, or, if it forms a scab, dark parts of the scab will start to crumble off. After peeling, the area is likely to be slightly pink; this will fade after several days or weeks, depending on your skin type and the location.

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Five Steps To Maintaining A Youthful Appearance

1. **Sun Protect** – Ultraviolet radiation from the sun destroys collagen and causes skin texture irregularities. It can also cause hyperpigmentation and promote skin cancer. Sun protection is the foundation of any skin care regimen. Using a daily sunscreen with an SPF of at least 30 will prevent further damage to the skin.
2. **Moisturize** – Dry skin accentuates fine lines and wrinkles. Using a daily moisturizer can even out minor texture irregularities. Some moisturizers that we recommend include **CeraVe** and **Cetaphil**.
3. **Exfoliate** – Uneven skin thickness can give a more aged appearance. Using a gentle, over the counter, exfoliating system such as *Glycolic cleanser, alpha hydroxy acid cleansers or lotions, or microdermabrasion kits* helps maintain uniform skin thickness.
4. **Retinoids** – These are a group of small molecules that are scientifically proven to repair certain types of age-related skin damage. They can be found in many over-the-counter anti-aging and anti-wrinkle creams under the names “retinol, retinal, or retinaldehyde.” Stronger retinoids such as **Renova, Retin-A, or Tretinoin** are also available by prescription. When used several times weekly, they can rebuild collagen and improve skin texture and tone.
5. **Antioxidants** – These include certain vitamins and supplements that help scavenge aging chemicals in the skin. Common antioxidants are vitamins A, E, polyphenols (tea compounds) and certain polypeptides. A multivitamin taken daily is a good way to get antioxidants. In addition, several moisturizing creams have been supplemented with these (such as Revalé™).

Additional Steps

When followed appropriately, the above guidelines can restore skin youthfulness to a certain degree. Additional rejuvenating steps require procedures by a physician to correct deeper damage. This includes using skin relaxing proteins (Botox™), fillers (Restylane™), lasers and chemical peels. *Ask your dermatologist for more information.*

**THE CLINICAL SKIN CENTER
OF NORTHERN VIRGINIA, PLLC**
Dermatology, Laser and Aesthetic Skin Care

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Dilute Bleach Bath

Dilute bleach baths are similar to swimming in a chlorinated pool and can help to decrease the frequency of skin infections, improving control of certain skin disorders, such as eczema. These can be done whether or not there is currently an infection.

1. Pour $\frac{1}{4}$ cup of common bleach (for example, Clorox) into an empty bathtub.
2. Fill the tub half-way with lukewarm water and mix together.
3. Soak in the tub from the neck down for about 10 minutes.
4. Pat the skin dry with a towel instead of rubbing.
5. Immediately apply any prescribed medication and/or emollient, as instructed by your physician/pa-c. If medication is applied, it should be applied PRIOR to the application of the emollient.

Dilute bleach baths can be repeated 2 to 3 times per week.

If there are open areas in the skin, stinging may occur.

If you notice that dryness and/or irritation occurs, thoroughly rinse the skin with lukewarm fresh water after the soaking stage. You may consider decreasing the amount of bleach for the next bath.

Do not use dilute bleach baths for patients with a known allergy to chlorine.

3700 Joseph Siewick Drive, Suites 402/404
Fairfax, VA 22033
(703) 620-8900 Fax: (703) 620-2288
www.ClinicalSkinCenter.com

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THE CLINICAL SKIN CENTER OF NORTHERN VIRGINIA

Informed Consent for Treatment with Systemic Corticosteroids (Prednisone, Cortisone, and Related Medications)

Patient: _____

Date: ____/____/____

Indication: _____

My healthcare provider has prescribed treatment with systemic corticosteroids. One way in which these medicines work is by adjusting and tuning down the immune system. They also have varied effects on many other systems in the body.

All treatments have risks associated with them. Among the risks of corticosteroids are increased risk of infections, reduction of the body's natural ability to make cortisone, and avascular necrosis (AVN) of the joints and bones.

I understand that corticosteroids like prednisone have been rarely associated with damage to the joints and bones by a condition called avascular necrosis seen with short intermittent courses of corticosteroids. AVN can be severe and sometimes joint replacement or other surgery can be the required treatment. Symptoms of AVN may not develop for months after the treatment with steroids is completed and usually consists of recurrent pain in the joint or extremity. I understand that such symptoms need prompt medical evaluation. I have advised my health care provider of all current active and chronic infections, previous doses of corticosteroids, alcohol intake, traumatic injuries, and other medical conditions and medications that might affect my health, I understand that I will be treated with the lowest dose that is effective for my condition and for the shortest reasonable period of time.

I have had the opportunity to discuss my treatment with my provider and all my questions and concerns have been answered to my satisfaction. I understand the purpose, benefits, risks, and alternatives to the treatment and I desire to proceed with the therapy.

Patient/Guardian Signature

____/____/____
Date

Witness

____/____/____
Date

Provider

____/____/____
Date

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Consent for Botulinum Toxin Treatment For Facial Wrinkles

A. Purpose and Background: When a small amount of purified Botulinum toxin (Botox and others) is injected into a muscle, it causes weakness or inactivity of that muscle. This appears in 4-7 days and usually lasts 3-4 months, but may be shorter or longer. Expression, frown lines and some wrinkles are due to contraction of small muscles beneath the skin. Injection of Botulinum toxin into the muscle will paralyze it causing improvement or disappearance of the lines.

All medical and cosmetic procedures carry risks and may cause complications. This document is to make you aware of the nature of the procedure and the risks in advance.

B. Procedure: The medication is administered via a syringe, or injection, into the areas of the face to eliminate or reduce the wrinkles and folds. An anesthesia, numbing medicine may be used to reduce any discomfort. Multiple injections may be made depending on the site, depth of the wrinkle, and technique used.

C. Results and Post-Procedure Care: I understand that I will not be able to contract these muscles while the medication is effective, but it will reverse itself after a period of months at which time re-treatment is appropriate. I understand that I must stay in an erect posture and that I must not manipulate the area of injection for 4 hours after the treatment.

C. Risks / Complications: Botulinum toxin treatment can cause minor temporary droop of the eyelid in about 1% of injections and occurs more commonly with forehead wrinkle injection. This usually lasts 2-3 weeks. Bruising and occasional temporary numbness of the treated area can occur. Other rare risks include headaches and allergic reactions. Although a very thin needle is used, common injection-related reactions could occur. These could include some initial swelling, pain, itching, discoloration, bruising or tenderness at the injection site. You could experience increased bruising or bleeding at the injection site if you are using substances that reduce blood clotting such as aspirin or other non-steroidal anti-inflammatory drugs. Most patients are pleased with the results of this treatment, however, like any cosmetic procedure there is no guarantee that you will be completely pleased or that the effects will last as long as or longer than other comparable treatments.

D. Pregnancy and Neurologic Disease: I am not aware that I am pregnant. I do not have any significant neurologic disease.

E. Photographs: I authorize the taking of photographs for scientific purposes and documentation. My identity will be protected.

I have read and understand this form. I have had the opportunity to discuss my treatment with my provider and all my questions and concerns have been answered to my satisfaction. I understand the purpose, benefits, risks and alternatives to this treatment and I desire to proceed with the therapy. This consent is good for today's treatment and all further treatments.

| | |
|-----------------------------|----------------|
| _____ | ____/____/____ |
| Patient signature /Guardian | Date |
| _____ | ____/____/____ |
| Witness | Date |
| _____ | ____/____/____ |
| Physician | Date |

**IN CASE OF EMERGENCY OR URGENT CONCERNS, PLEASE CALL OUR OFFICE
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THE CLINICAL SKIN CENTER OF NORTHERN VIRGINIA

Consent for Cosmetic Filler Injection – Restylane and Others

A. PURPOSE AND BACKGROUND

Cosmetic filler materials are used to correct moderate facial wrinkles and folds. All medical and cosmetic procedures carry risks and may cause complications. The purpose of this document is to make you aware of the nature of the procedure and its risks in advance so that you can decide whether or not to go forward with the procedure.

B. PROCEDURE

1. The filler is administered via a syringe, or injection, into the areas of the face to eliminate or reduce the wrinkles and folds.
2. An anesthesia, numbing medicine may be used to reduce any discomfort.
3. Multiple injections may be made depending on the site, depth of the wrinkle, and technique used.
4. If the treated area is swollen directly after the injection, ice may be applied on the site.
5. After the first treatment, additional treatments may be necessary to achieve the desired level of correction. Periodic repeat treatments help sustain the desired levels of correction.

C. RISKS / DISCOMFORT

1. Although a very thin needle is used, common injection-related reactions could occur. These could include some initial swelling, pain, itching, discoloration, bruising or tenderness at the injection site. You could experience increased bruising or bleeding at the injection site if you are using substances that reduce blood clotting such as aspirin or other non-steroidal anti-inflammatory drugs.
2. Some visible lumps may occur temporarily following the injections. Some patients may experience additional swelling or tenderness in the injection site, rare allergic reactions, ulcers and scarring.
3. Most patients are pleased with the results of filler treatment, however, like any cosmetic procedure there is no guarantee that you will be completely pleased or that the effects will last as long as or longer than other comparable treatments.

D. COST/PAYMENT - The cost of the treatment will be paid at the time of visit. The use of fillers is considered cosmetic, and is not reimbursable by insurers.

I have read and understand this form. I have had the opportunity to discuss my treatment with my provider and all my questions and concerns have been answered to my satisfaction. I understand the purpose, benefits, risks and alternatives to this treatment and I desire to proceed with the therapy.

| | |
|-----------------------------|----------------|
| _____ | ____/____/____ |
| Patient signature /Guardian | Date |
| _____ | ____/____/____ |
| Witness | Date |
| _____ | ____/____/____ |
| Physician | Date |

IN CASE OF EMERGENCY OR URGENT CONCERNS AFTER HOURS, PLEASE CALL OUR OFFICE IMMEDIATELY, THERE IS ALWAYS A DOCTOR ON CALL (703) 620-8900

INFORMATION SHEET FOR PATCH TESTING

Your doctor or physician assistant has recommended a patch test for allergies. This test is performed in our office and requires three (3) scheduled office visits on a Monday, Wednesday, and Friday during the same week. On Monday the patches are applied to your back with adhesive tape, on Wednesday the patches are removed and test sites are read, and on Friday the patch sites are read again.

INSTRUCTIONS FOR PATCH TEST WEEK

1. On Monday and Wednesday please wear comfortable clothing that you do not mind possibly getting dirty. We will avoid soiling clothing if at all possible, but you may have a small amount of ink transferred to your shirt during these two visits.
2. Your back **MUST** remain **DRY** from Monday until Wednesday when the patches are removed. During this time you **MAY NOT SHOWER/BATHE YOUR BACK**. You may sponge wash the lower body and arms, and wash your hair in the sink. You **MUST** also **MINIMIZE ACTIVITIES** that may cause excessive sweating. Patch tests are not effective if the area gets wet while the patches are placed on your back.
3. There is no pain associated with patch testing. There may be some itching due to the tape and/or the test spots.

NOTE: Due to the extensive preparation necessary for your patch test appointments, you MUST cancel these appointments at least 5 days (the Thursday) before your patch test week to avoid a \$200 cancellation fee.

Patient Signature: _____ Date: _____

THE CLINICAL SKIN CENTER OF NORTHERN VIRGINIA

INFORMED CONSENT FOR LASER PROCEDURES

Patient: _____ **Date** ____/____/____

Laser Procedure: PULSED DYE AND 532-940 GENTLELASE PSORIASIS OTHER_____

Location (s) _____

Performed by: My physician and such assistants as may be selected by him.

I have been informed, and I understand to my satisfaction, what the above mentioned procedure(s) will entail, why it is necessary, the risks, benefits, alternatives to the procedure and risks to my health if the condition remains untreated. The advantages and disadvantages of outpatient LASER surgery have been explained to me as well as the procedure that will be performed on me. I herein give my permission for the procedure(s) above and administration of pre-procedure medication and anesthesia as required.

I have been made aware that there are certain risks inherent to the performing of any laser or surgical procedure such as loss of blood, infection, hematoma, pain, tingling, numbness or other nerve sensations including nerve damage, recurrence and/or persistence of lesions, reactions to anesthesia, color change of skin and the formation of thick or otherwise objectionable scars. Other possible risks of laser treatment include temporary bruising, itching, herpes simplex virus activation, burns, blisters, scabbing and peeling.

Additionally, I acknowledge that the doctor has made no promises to me, oral or written, in connection with the procedure. I recognize that every surgical procedure involves uncertainty and that no result can ever be guaranteed.

I understand that complete clearing may not be possible and this depends on type, age and color of the target lesion. Some lesions fade slowly over time. I also understand that during the course of the procedure, unforeseen conditions may be revealed that necessitate an extension of the original procedure(s) or different procedure(s) than those planned. I authorize my doctor or his designee(s) to perform such procedures as are necessary and desirable in the exercise of professional judgment.

Laser safety eyewear protection will be used at all times during laser procedures.

I release the doctor from any responsibility for natural complications that arise as a result of the procedure. I also realize and agree that it is my responsibility to comply with wound care instructions, reveal all my medical conditions and current medications/supplements, and keep my post-operative appointments. If I feel any problem exists such as bleeding, infection or if I have any doubts, I am to contact the doctor as soon as possible. It is my responsibility to comply with pre and post-procedure sun protection instructions.

For the purpose of advancing medical education and documentation, I consent to photographing and or recording of the lesion and the procedure.

I have read and understand this form. I have had the opportunity to discuss my treatment with my provider and all my questions and concerns have been answered to my satisfaction. I understand the purpose, benefits, risks and alternatives to this treatment and I desire to proceed with the therapy.

_____/____/____
Patient signature /Guardian **Date**

_____/____/____
Witness **Date**

_____/____/____
Physician **Date**

IN CASE OF EMERGENCY OR URGENT CONCERNS AFTER HOURS, PLEASE CALL OUR OFFICE IMMEDIATELY, THERE IS ALWAYS A DOCTOR ON CALL (703) 620-8900

INFORMED CONSENT FOR SURGICAL PROCEDURES

Patient: _____ **Date** ____/____/____

Procedure: BIOPSY: SHAVE / PUNCH EXCISION DESTRUCTION ELECTRODESICATION
LASER SURGERY OTHER _____

Location (s) _____

Performed by: My physician and such assistants as may be selected by him.

I have been informed, and I understand to my satisfaction, what the above mentioned procedure(s) will entail, why it is necessary, the risks, benefits, alternatives to the procedure and risks to my health if the condition remains untreated. The advantages and disadvantages of outpatient surgery have been explained to me as well as the procedure that will be performed on me. I herein give my permission for the procedure(s) above and administration of pre-surgery medication and anesthesia for outpatient surgery.

I have been made aware that there are certain risks inherent to the performing of any surgical procedure such as loss of blood, infection, hematoma, pain, tingling, numbness or other nerve sensations including nerve damage, recurrence and/or persistence of lesions, reactions to anesthesia, color change of skin and the formation of thick or otherwise objectionable scars. Additionally, I acknowledge that the doctor has made no promises to me, oral or written, in connection with the operation. I recognize that every surgical procedure involves uncertainty and that no result can ever be guaranteed.

I also understand that during the course of the procedure, unforeseen conditions may be revealed that necessitate an extension of the original procedure(s) or different procedure(s) than those planned. I authorize my doctor or his designee(s) to perform such surgical procedures as are necessary and desirable in the exercise of professional judgment.

I release the doctor from any responsibility for natural complications that arise as a result of the procedure. I also realize and agree that it is my responsibility to comply with wound care instructions and keep my post-operative appointments. If I feel any problems exist such as bleeding, infection or if I have any doubts, I am to contact the doctor as soon as possible.

For the purpose of advancing medical education and documentation, I consent to photographing and or recording of the operation.

I consent to the disposal of any tissue that is removed in accordance with accustomed practice and procedure. I give my permission to have any tissue removed during the procedure sent for histologic examination by a pathologist.

I have read and understand this form. I have had the opportunity to discuss my treatment with my provider and all my questions and concerns have been answered to my satisfaction. I understand the purpose, benefits, risks and alternatives to this treatment and I desire to proceed.

Patient signature /Guardian _____ **Date** ____/____/____

Witness _____ **Date** ____/____/____

Provider _____ **Date** ____/____/____

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THE CLINICAL SKIN CENTER OF NORTHERN VIRGINIA

NOTICE OF NONCOVERED OR COSMETIC SERVICE AND ADVANCE NOTICE OF WAIVER OF LIABILITY

Patient: _____ Date ____/____/____

Procedure: _____ Estimated Charge \$ _____

The service identified above is not a covered benefit under your **managed care plan** or **Medicare**. Your decision to have this service rendered and your signature below indicates an understanding that the procedure is performed **strictly for your cosmetic purpose, is not medically necessary and therefore, should not and will not be submitted to your managed care plan or Medicare for payment.**

You will be responsible for payment in full at the conclusion of the visit and fully accept the fact that the charges incurred are out-of-pocket expenses and will not be reimbursed by your insurance company or Medicare.

Medicare Patients:

Physician Notice: "Medicare will only pay for services that it determines to be 'reasonable and necessary' under section 1862 (a) (1) of Medicare Law. If Medicare determines that a particular service, although it would otherwise be covered, is 'not reasonable and necessary' under Medicare program standards, Medicare will deny payment for that service." I believe that, in your case, Medicare is likely to deny payment for the above procedure.

Possible reasons for Denials:

1. Medicare / Commercial Carriers usually do not pay for removal/treatment of benign, asymptomatic lesions.
2. Medicare / Commercial Carriers usually do not pay for cosmetic procedures.
3. Medicare / Commercial Carriers usually do not pay for this type of equipment or form of procedure.
4. Medicare / Commercial Carriers usually do not pay for this treatment because it has not yet been proven effective.

Beneficiary Agreement:

"I have been notified by my physician that he or she believes that, in my case, my insurer and/or Medicare is likely to deny payment for the services identified above, for the reasons stated. I agree to be personally and fully responsible for payment at the time of service." You may also be billed by pathology lab and pathologist for the necessary testing of any tissue specimens generated by the procedure.

Patient signature _____/_____/_____
Date

Witness _____/_____/_____
Date

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