

**ANTHONY J. BADAME, M.D.**  
*DISEASES AND SURGERY OF THE SKIN*  
**2025 FOREST AVENUE, SUITE 9**  
**SAN JOSE, CALIFORNIA 95128**  
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**CONSENT FOR MOHS SURGERY**

I, \_\_\_\_\_, authorize Dr. Badame and his assistant(s) to perform a surgical procedure known as Mohs Surgery and repair.

**For the removal of:** \_\_\_\_\_ **Located at the:** \_\_\_\_\_

The procedure listed above has been carefully explained to me by Dr. Badame and/or his assistant, and I understand the nature of the operation and consequences of the procedure. I have had the opportunity to ask questions and they have been answered to my satisfaction to the clearest extent possible. The following points specifically have been made clear:

**BENEFITS:**

1. Removal of the above lesion.
2. Treatment of lesion with the fewest possible surgical risks.

**CONSEQUENCES/RISKS:**

- **Bleeding, bruising, swelling, redness, scarring and infection** may occur after any surgery.
- When an incision is made, **there will always be some sort of surgical scar**. Our goal is to make any scar as inconspicuous as possible.
- Temporary or permanent **loss of sensation** may occur at the surgical site. Some surgical locations such as the temple, jawline, or side of the neck have the risk of nerve injury which could result in weakness or paralysis of the affected muscles.
- Reactions to the anesthetic or other medications may occur.
- If during surgery, the tumor type or size of the surgical defect becomes too large to be repaired in the office, further surgery or another treatment may be needed.
- Even if Mohs surgery shows that the above lesion has been completely removed, there is still a risk that the lesion could recur and need further surgery or treatment.

**RESPONSIBILITIES:**

I acknowledge that it is my responsibility to inform Dr. Badame of allergies, medications or any medical conditions which may affect my treatment. It is also my responsibility to adhere to post-operative instructions to minimize my risk of surgical complications.

**\*PLEASE LET US KNOW IF YOU ARE TAKING ANY BLOOD THINNERS**

Examples: Aspirin, Motrin, Coumadin, Lovenox, Plavix, Eliquis, Savaysa, Xarelto, Pradoxal

**\*PLEASE LET US KNOW IF YOU HAVE A PACEMAKER OR IMPLANTABLE DEFIBRILLATOR**

**CONSENTS:**

- I consent to the administration of local anesthesia to be applied by or under the direction of Dr. Badame.
- I consent to the surgical removal of the lesion above and reconstruction of the resulting surgical defect.
- I am aware that the practice of medicine and surgery is not an exact science, and I acknowledge that no guarantees have been made to me regarding the results of the procedure.
- I consent to be photographed before, during, and after the treatment; these photographs shall be the property of Dr. Badame. Photos may be published in scientific journals and/or shown for scientific or marketing purposes.

I have read all of the above consent, and fully understand what I have read. I have had an opportunity to ask questions and they have been answered to my satisfaction.

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness by Staff:** \_\_\_\_\_