

Name: DOB: Procedure:

Procedural fees: Please discuss with the reception

Concession:	25 \$	
Non concession: 50 \$		
Wound care:	10 \$ per visit until cleared by the doctor.	
Iron Transfusion fee: 160 \$ ( Medicare rebate available)		

The following issues have been discussed with the patient:

- 1. The nature of the procedure has been explained, including the anesthetic technique, type of wound, sutures and aftercare as well as the alternative treatment available.
- 2. The potential risks have been explained considering the risks that are import ant to the patient e.g. Scar, keloid scaring, bleeding, bruising and wound infection, skin staining and allergic reactions.
- 3. Any allergies Including dressing and antibiotics:

Follow up any samples sent to the lab

4.Post procedure care:

Instruction given to care for the wound and avoid unwanted early openings which will result in unwanted cosmetic result t and wound infection.

Time for removal of the stitches (i f applicable)

days.

Patient has been given the opportunity to ask questions to clarify any information given.

Mr AMALE TEST (print name) consent to the minor surgical/medical procedure as described to me by the doctor/ nurse. I have read and understood the information detailed above and understand fully the reasons for the procedure.

Patient's	signature:	

GP Signature :

Date: 2

Date: 22/03/2020