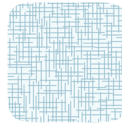

MANHATTAN
DERMATOLOGY

CONSENT + AUTHORIZATION

CONSENT + AUTHORIZATION FOR TREATMENT

By my signature below, I authorize evaluation and treatment by Dr. Magovern and her team.

I understand that many dermatological conditions are chronic and require ongoing care. All medications have side effects and there are risks to any medication prescribed.

Dermatologists frequently diagnose skin growths by performing a skin biopsy (sampling a small area of skin under local anesthesia) and treat skin growths by freezing, cauterization with a heated needle, and/or cortisone injection.

I understand that there are risks to any procedure and that these risks include, but are not limited to:

- Temporary or permanent discoloration
- Scarring
- Pain
- Infection
- Bleeding
- Nerve damage

I consent to having these procedures done as part of my care and treatment.

I understand that full skin examinations for cancer screening are performed if scheduled in advance.

I recognize that most visits are for consultation and evaluation of a specific condition and that surgeries, even minor removals, usually need to be scheduled at a separate time. If time allows, Dr. Magovern is happy to add this on to any appointment.

This authorization and consent shall remain in force for this visit and all future visits to the office.

Patient Name: ______________________________

Patient Signature: ______________________________

Date: ______________________________

PRIVACY PRACTICE ACKNOWLEDGEMENT

By signing below, I further acknowledge that I have been provided an opportunity to review the notice of privacy practices.

Patient Name: ______________________________

Patient Signature: ______________________________

Date: ______________________________

ASHLEY MAGOVERN, MD
board-certified dermatologist

T: 310.546.1188 · F: 310.546.1189 · www.manhattan-dermatology.com
400 S Sepulveda Blvd, Suite 205 · Manhattan Beach, CA 90266 · where you go to glow