

CONSENT FORM FOR MOLE REMOVAL
(Using Electrocautery / Radiofrequency / Surgical Excision)

Clinic Name: _____ Date: _____

Doctor Name: _____

Patient Name: _____

1. 1. Procedure Description

Mole removal involves the removal of benign pigmented skin growths (moles) either by electrocautery/radiofrequency ablation or by minor surgical excision under local anesthesia. The technique depends on the type, size, and depth of the mole.

2. Expected Results

- To remove an unwanted or cosmetically concerning mole.
- To obtain tissue for histopathological examination (if indicated).
- To prevent irritation or recurrent trauma to the mole.

3. Possible Risks & Side Effects

I understand that the following may occur:

- Redness, swelling, or mild discomfort for a few days.
- Temporary scab formation and crusting.
- Mild pigmentation (dark or light spot) at the treated site.
- Rare chance of infection or scarring.
- Rare recurrence of mole or regrowth of pigment.
- Minor bleeding may occur during or after the procedure.

4. Pre & Post Procedure Instructions

Pre-Procedure:

- Inform your doctor if you have any bleeding disorder or are taking blood thinners.
- Avoid applying creams, oils, or makeup on the treatment area on the day of procedure.

Post-Procedure:

- Keep the treated area clean and dry for at least 24 hours.
- Apply prescribed antiseptic or antibiotic cream as directed.
- Do not pick or scratch the scab.

- Avoid sun exposure, swimming, sauna, or strenuous exercise for 3–5 days.
 - Use sunscreen regularly after healing to prevent pigmentation.
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5. Acknowledgment

I acknowledge that:

- The nature, purpose, and alternatives to mole removal have been explained to me.
- I understand the expected outcome and possible risks.
- I understand that scarring and pigmentation changes are possible, though uncommon.
- I give my full and voluntary consent to undergo the mole removal procedure.

Patient Signature: _____

Doctor Signature: _____

Date: _____

Date: _____

Witness (if applicable): _____

Date: _____

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