

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

