



INFORMED CONSENT FOR MINOR SURGICAL PROCEDURE OR INVASIVE TREATMENT PROCEDURE

Xpress Location			
Patient Name		Patient DOB	
Medical Provider			

I (or my authorized representative, i.e., parent/legal guardian), _____, consent to the medical/surgical procedures outlined below to be performed by Xpress Urgent Care’s medical provider and his/her staff, associates, or assistants to whom the provider performing the procedure may assign designated responsibilities.

- Suturing or Staple (Laceration)
- Suturing or Staple Removal
- Cyst / Abscess (I&D)
- Foreign Body Removal
- Destruction of benign lesions
- Other: _____

I also understand that some numbing medicine (Lidocaine/Numbing spray) or pain medication (Toradol, Ibuprofen or Tylenol) may be used, but I may still feel some pain during and after the procedure. Other risks may include bruising, scarring or infection. There may be other risks or things for me to consider before I agree to this procedure. I understand that this procedure is voluntary and that I have the right to refuse any medical/surgical treatment recommended at any time prior to its performance.

By signing this form, I acknowledge that I have discussed and understand the risks, benefits and alternatives of the minor surgical procedure as indicated with my health care provider and all my questions have been answered.

Signature: _____ **Date:** _____

Relationship, if not patient: _____

Provider Signature: _____