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SKIN TAG REMOVAL

Patient Name:

Date:		
•	Procedure discussed in depth with patient today.	
•	Patient is aware of possible recurrence, infection, bleeding a	nd scar or keloid formation.
•	Steps to possible preventions discussed.	
•	Patient is in agreement and wants to proceed with skin tag removal.	
•	Patient verbalized understanding of all discussed and agreed with plan.	
	Patient's signature	Doctor's signature