



Surgical Excision Pre-Procedure Instructions/Agreement

1. Prior to your procedure: Account# _____

14 days prior, DO NOT TAKE aspirin or aspirin containing products, Naprosyn or Aleve, Advil or Ibuprofen, or other NSAID. **Tylenol is permitted.**

7 days prior avoid Vit E, Fish Oil, Gingko Biloba, and St John’s Wort.

3 days prior avoid alcohol.

If you are on prescription blood thinners please speak to the doctor at least 2 weeks prior to your appointment.

2. If you require antibiotics before dental work or any surgery, please inform the provider at Abeles Dermatology so that this can be arranged prior to any surgical procedure.

3. Get a good night’s sleep the night before your surgery.

4. Eat a light meal (breakfast or lunch) the day of your procedure, prior to your appointment.

5. Be sure to discuss with the doctor any allergies, bleeding tendencies and current medications being used.

6. Please be aware that you will have stitches after your procedure for 1-2 weeks. During this time, you may have to limit physical activity for up to 3 weeks; please schedule your appointment accordingly.

7. If you are scheduled for a cyst excision the lesion must be in a non-inflamed state for it to be surgically removed. If by chance the cyst becomes inflamed prior to your scheduled excision, you must contact the office for further instructions as we may not be able to perform the surgery.

8. SURGICAL EXCISION BOOKING/CANCELLATION POLICY

To book a Surgical Excision we require a \$100 deposit. This deposit will hold your slot and be used for any copay, deductible or coinsurance you may have once your insurance claim processes. Any remaining credit will be refunded to you.

If you need to cancel or change your surgical appointment you must do so at least 2 BUSINESS DAYS prior to your scheduled surgical date as a large block of time is being reserved for you. The cancellation must be made with one of our schedulers directly and not left on voice mail. FAILURE TO cancel without 2 BUSINESS DAYS notice will result in the loss of your \$100 deposit. When scheduling or re-scheduling your appointment, please make sure to let the scheduler know that you require a 30 Minute Surgical Excision.

By signing this form, I acknowledge that I have read, understand and agree to abide by the pre-procedure instructions and booking/cancellation policy as outlined.

Patient Name

Signature

Date