

Southern Tier

DERMATOLOGY & AESTHETICS

Surgical and Procedure Acknowledgement

Due to Insurance Guidelines:

At my appointment I am aware that **TWO (2) SKIN ISSUES** will be addressed by my provider today, and any other issues will need to be addressed at the follow up appointment.

I understand that only **TWO (2)** procedures will be performed at one visit, unless otherwise determined by my provider.

At a surgical appointment, I understand that only **ONE (1)** excision will be performed on that day, unless otherwise determined by my provider.

ALL labs, cultures, etc., are sent to **LOURDES Hospital**, unless specified by the patient.

ALL specimens will be sent for reading to **Dermpath Diagnostics**. They are highly specialized skin pathologists who diagnose skin-related disorders.

I am aware that ALL specimens will be sent to **Dermpath**, unless I specify otherwise.

I am also aware that I may receive a separate bill from **Dermpath Diagnostics** for these services.

Patient Signature

Date