

# Dermatology and Laser Center of Oklahoma



Mary Christian Reed, M.D.  
9306 South Toledo Court, Suite #100  
Tulsa, Oklahoma 74137  
Telephone: 918-494-0400  
Fax: 918-494-0405



[www.dermatologylaserok.com](http://www.dermatologylaserok.com)

Date: \_\_\_\_\_

Dear \_\_\_\_\_

You are scheduled to have Mohs Micrographic Surgery on \_\_\_\_\_ at \_\_\_\_\_.

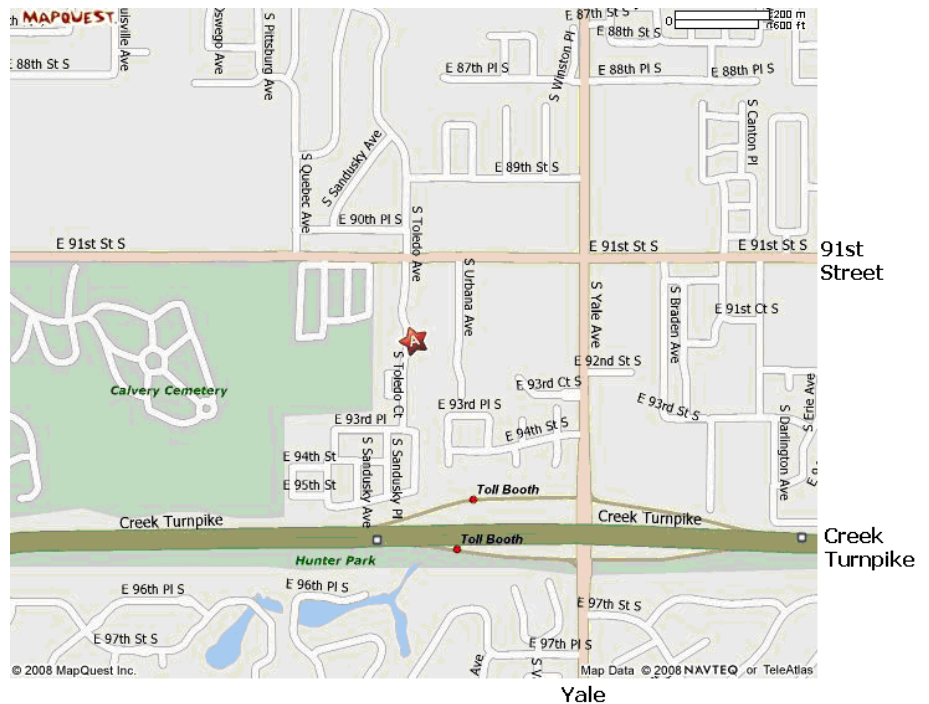
Below is a map with directions to our office.

Please look over the attached information sheets and call our office with any questions you might have.

Please complete all the paperwork and bring it with you to your appointment.

## **Remember to bring:**

- ✓ Completed patient forms
- ✓ Lunch (snacks & coffee provided)
- ✓ Something to do while waiting  
(ex: book, magazine, game)
- ✓ We have WiFi (wireless internet)
- ✓ Wear comfortable clothes  
(Something warm if you tend to get cold)
- ✓ Blanket or pillow (if you wish)
- ✓ Make sure to take your medications as usual, if needed, bring them with you



**Directions:** Our office is located on 91<sup>st</sup> Street between Yale and Harvard in Ashton Creek office park (you will see a clock tower at the entrance of Ashton Creek). Once you have entered the medical office complex, you will drive straight until you come to Toledo Court. This will be the last right hand turn before the neighborhood.



Name (please print): \_\_\_\_\_

**Test Results/Biopsy Results**

To assist us in getting any test results to you, please answer the following questions.

- 1. Do you authorize anyone other than yourself to receive your test results and discuss your condition with when we call the phone numbers that you have provided?

Please circle one **YES NO** If YES; please list their name(s) **and relationship(s)**

\_\_\_\_\_

- 2. **To reach you more efficiently**, please provide us with ALL the phone number we can use to contact you. Please keep us updated on any changes in your phone numbers and/or address. Thank you

**PLEASE LIST and CIRCLE in calling preference:**

1. \_\_\_\_\_ **Home Work Cell**

2. \_\_\_\_\_ **Home Work Cell**

May we leave your test results on the answering machine or voice mails of these numbers?	
YES	NO
YES	NO

**FINANCIAL RESPONSIBILITY AGREEMENT**

I accept full financial responsibility for medical expenses incurred at the DERMATOLOGY AND LASER CENTER OF OKLAHOMA:

I understand that my insurance plan is a contract between myself and the insurance provider. Dermatology and Laser Center of Oklahoma does not have control over the benefits and they are not held responsible for what the insurance company DOES NOT cover. I understand that my insurance will be filed by this office and that what is not covered will be forwarded to me in the form of a statement of services and that I am responsible for paying the balance.

**I understand that I am responsible for:**

\*I am responsible for providing up to date insurance information within two weeks of my visit and if I DO NOT provide this information I will be responsible for ALL FEES if the insurance denies payment due to "untimely filing".

\*All services provided that are **NOT covered** by my insurance plan.

\*I understand that my co-pay is due at the time of my procedure

\*I understand that any cosmetic procedures performed in this office are to be paid at the time of service as they are NOT covered by insurance

\*I understand that I will be legally responsible for all collection cost and attorney fees involving the collection of my account if I default on this agreement.

\*I understand that **any unpaid "returned checks"** will be turned over to the District Attorney and handled by their office.

To the best of my knowledge, I have provided the most current insurance information available to be used in the filing and collecting of benefits owed to the Dermatology and Laser Center of Oklahoma. I understand that it is my responsibility to provide or know my insurance benefit information at the time services are rendered and accept full responsibility if I do not.

I have read and understand the Financial Agreement

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Dermatology and Laser Center of Oklahoma, PLLC

**PATIENT CONSENT FOR USE AND DISCLOSURE  
OF PROTECTED HEALTH INFORMATION**

I hereby give my consent for Dermatology and Laser Center of Oklahoma to use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO).

(Dermatology and Laser Center of Oklahoma's Notice of Privacy Practices provides a more complete description of such uses and disclosures.)

I have the right to review the Notice of Privacy Practices prior to signing this consent.

Dermatology and Laser Center of Oklahoma reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Dermatology and Laser Center of Oklahoma Privacy Officer at 9306 South Toledo Court, Suite 100, Tulsa, OK 74137

With this consent, Dermatology and Laser Center of Oklahoma may call my home or other alternative location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory results among others.

With this consent, Dermatology and Laser Center of Oklahoma may mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked Personal and Confidential.

With this consent, Dermatology and Laser Center of Oklahoma may e-mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements. I have the right to request that Dermatology and Laser Center of Oklahoma restrict how it uses or discloses my PHI to carry out TPO.

However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to Dermatology and Laser Center of Oklahoma's use and disclosure of my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, Dermatology and Laser Center of Oklahoma, may decline to provide treatment to me.

\_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Patient or Legal Guardian



## **About Mohs Micrographic Surgery**

### **What is Mohs Micrographic surgery?**

- It's a special surgery used to remove skin cancer.
- It has the highest cure rate out of all the treatment options for skin cancer.
- The doctor will go around and underneath the skin cancer to try to remove it. This is called a "layer".
- Once the layer has been removed, it will go to the lab in our office.
- The layer will be in the lab for 45-60 minutes. Then, Dr. Reed will look at it under her microscope. You will be waiting during this time.
- Most people need two "layers" to be taken off before the cancer is gone.
- You will be in our office for 4-6 hours, possibly longer if your cancer site is large.
- When the area does not have any skin cancer left, the wound will be closed. There are many kinds of closures and Dr. Reed will talk to you about which one will look the best.
- There is no way to know how much needs to be removed before the surgery.
- You will NOT be put under using general anesthesia.
- This will result in a scar. We will help you in making sure you are comfortable with how it looks.

### **What will it be like the day of the surgery?**

- If your skin cancer is near your eyes, you need to have someone drive you to your appointment.
- You will arrive 15 minutes before your appointment to finish all your paperwork.
- A nurse will bring you to your room and will have you sign a consent form, take your blood pressure and measure your skin cancer.
- Dr. Reed will come to talk to you. At this time, she will answer any of your questions.
- The surgery will begin. Just the cancerous area will be numbed. The "layer" will be removed, taken to the lab, and then examined by the doctor. This will repeat this process until you are cancer-free in that area.
- Family can wait with you. Bring something to do while you wait. Bring a sack lunch. Bring something warm to wear.
- When your area is cancer-free, Dr. Reed will talk with you about how to close the wound. After the wound is closed, a nurse will go over the wound care instructions with you. Then, you will be sent home.
- Sometimes a plastic surgeon can do the closure. If you want this, please let us know in advance. A different appointment with a plastic surgeon will need to be scheduled before you come in for your surgery.

### **What happens if I don't treat the skin cancer?**

- It will continue to grow. This could turn into a large, painful wound or tumor. It could damage nearby organs (like your eyes).
- It could possibly spread to other areas of your body.
- It could kill you.

## What should I do about my medicines?

### **\*\*DO NOT STOP TAKING YOUR PRESCRIPTION MEDICATIONS\*\***

- Please take your prescriptions medications the day of your surgery. Bring them with you, if you need to.
- **STOP** taking any over the counter medications, vitamins and herbal supplements 1 week before your surgery (unless you were put on these by another doctor.) These include: Ibuprofen, aspirin, vitamin c, vitamin e, fish oil, krill oil, garlic, ginseng, ginger, ginko biloba, glucosamine, green tea, St. John's wart, etc.
- Tylenol is **NOT** a blood thinner and is OKAY to take.