Michael R. Warner, M.D.
Laser and Cosmetic Dermatology
Mohs Micrographic Surgery

Wyatt C. To, M.D.
Facial Plastic and Reconstructive Surgery

Dear Patient:

Your physician has referred you to the Cosmetic and Skin Surgery Center to discuss treatment alternatives for your skin cancer.

As a response to previous patients' interests, we now offer the consultation and surgery on the same day.

It is very important to read the enclosed information first:

- Treatment Options for Skin Cancer
- Reconstruction Options
- Risks of Surgery
- How to Prepare for Surgery

If you prefer to perform the surgery on the same day as the consultation, then please complete the following:

- Complete the following forms and return them in the envelope provided:
  - Registration Form
  - Health Questionnaire
  - Insurance Form
  - Office Policy Information Sheet
  - Medication Reconciliation Record (front side only)
- After we receive and review your forms, we will telephone you to schedule the appointment for consultation and surgery. We make these calls on the afternoons of Monday thru Thursday and throughout the day on Fridays.

If you prefer to have the consultation on a separate day, prior to the surgery, then contact our office now.

Thank you

Gregg Klosterman
Michael R. Warner, M.D.
Wyatt C. To, M.D.
The Cosmetic and Skin Surgery Center

63 Thomas Johnson Drive, Suite B | Frederick, MD 21702 | Phone: 301-698-2424 | Fax: 301-698-1018 | Web: www.frederickcosmeticsurgery.com

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Treatment Options for Skin Cancer

Your skin cancer requires definitive treatment. A biopsy only removes part of the tumor for diagnosis, and the remaining roots will continue to grow if left untreated. Standard treatments for basal cell carcinoma, squamous cell carcinoma, and some superficial forms of melanoma are performed under local (injected) anesthesia and include the following:

Cryotherapy involves deep freezing of the biopsy site and a margin of normal skin surrounding the site. **Electrodessication and curettage** involves scraping the biopsy with a curette then burning the surface with an electrical device. **Laser treatment** involves burning off the tumor with the carbon dioxide laser. All three methods produce a superficial open wound that must be cared for over the following four to 12 weeks, depending on the body site treated. The resulting scars are typically round, shiny and discolored.

Topical chemotherapy involves daily application of 5-Fluorouracil cream or imiquimod cream for six to 12 weeks. During that time the treatment site becomes very red and superficially ulcerated. The resulting scars can be discolored and shiny.

Radiation treatment is another method to physically destroy the tumor without cutting and suturing. Multiple visits are typically required and the area often becomes irritated and scabbed during treatment. The resulting scar can be slightly discolored.

Simple excision involves removing the tumor and a margin of normal skin (4-30mm) with a scalpel, then suturing the wound closed. The tissue is then sent to a lab, mounted on glass slides, and examined under the microscope. The microscopic exam ensures a better chance for cure, but the process takes 5-14 days. If tumor is still present, then another excision should be performed. Sutures are removed five to twelve days after the surgery and activity restrictions are often necessary, depending on the site. The resulting scar depends on the type of reconstruction (see *Reconstruction Options* handout).

Mohs micrographic surgery is our most precise treatment. First, the tumor is debulked by shaving or curettage. Next, a thin disk of tissue is excised from around (1-2mm) and underneath the base. The tissue is then mounted on microscope slides and examined while the patient waits (60 to 90 minutes). If any tumor is seen during the microscopic examination, its location is established, and a thin layer of additional tissue is excised from only the involved area. The microscopic exam is then repeated. The entire process is repeated until no tumor is found, and then the wound can be closed. Because of the complete systematic microscopic search for the "roots" of the skin cancer, Mohs surgery offers the highest chance for complete removal of the cancer while sparing the normal tissue. The cure rate for new basal cell or squamous cell skin cancers exceeds 98%. As a result, Mohs surgery is often preferred for large tumors, tumors with indistinct borders, tumors near vital structures (ears, eyelids, nose and mouth), and tumors for which other treatments have failed.

Other treatments, such as photodynamic therapy and immunotherapy, are currently under investigation.

For more information about treatment options for skin cancer, try visiting www.mohscollege.com or www.skincancermohssurgery.org or www.SkinCancer.org.

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Reconstruction Options

Removal of your skin cancer will leave an open wound. Dr. Warner and Dr. To are highly-trained surgeons that specialize in wound reconstruction. They reconstruct an average of 20 to 30 wounds a week. The type of reconstruction depends mostly on the location, size, and shape of the defect.

Primary closure involves suturing the wound edges together. Typically, this involves closing a circular wound into a single linear scar. That scar can often be placed in junctions and wrinkles to minimize visibility. The length of the scar often needs to be three times the width of the wound, in order for the scar to lay flat. We have our own techniques to minimize scar stretching and prevent “rail road track” scars.

Secondary intention involves allowing the wound to heal on its own. This can take four to six weeks on the nose or ears, but longer on the trunk and extremities. Healing by secondary intention can produce excellent cosmetic results in certain locations such as the ear and creases of the nose.

Skin grafting involves removing skin from a different site and suturing it onto the wound. Skin can be borrowed from various sites on the face, ears and neck that will heal with very subtle scars. Skin grafts are especially helpful for large and shallow wounds.

Flap closure involves making new incisions near the original wound in order to transfer adjacent tissue. A flap uses the nearby skin which often provides the best color and texture match. The extra incisions can often be placed in existing creases or subtle areas. Flaps are very useful to fill deep wounds and to prevent distortion of mobile structures like the nose, eyebrows, eyelids, and lips.

Delayed closure (by 2 to 4 weeks) may be necessary to allow more blood vessels to form in the wound bed prior to a flap or a graft.

Revision surgeries on separate days are occasionally required for wide or deep defects. Lasers can be used to smooth scars that are rugged or to lighten scars that stay red. Compression or cortisone injections can be used to flatten thick or itchy scars.

The great majority of reconstructions do not require revision surgery.

Most wounds are reconstructed on the same day as the cancer removal, when the wound is still anesthetized (numb).

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Risks of Surgery

Because each patient is unique, it is impossible to discuss all the possible complications and risks in this format. The usual risks are summarized below. We will discuss any additional potential problems associated with your particular case. Please understand that these occurrences are the exception and not the rule.

Scars and Keloids: No treatment or surgeon should guarantee healing without a scar. The size, shape, length, and visibility of the scar depend on the size, depth, and location of the tumor (see *Reconstruction Options* handout). Keloids are scars that continue to enlarge after surgery and might require additional treatments.

Large defect: The defect created by the removal of the skin cancer may be larger than anticipated. Typically, skin cancers are not much larger than what is visible to the human eye, but there is no way to accurately predict prior to the surgery.

Poor wound healing: Rarely, healing can be complicated and prolonged. Incisions can reopen, and flaps and grafts can fail requiring the open wound to heal on its own. Risk factors include diseases such as diabetes, poor physical condition, smoking, bleeding, and infection.

Infection: Rarely, wounds become infected and require treatment with oral or intravenous antibiotics. Risk factors include the location of the tumor, diabetes and immunosuppression. If you are at particular risk for infection, you may be given an antibiotic before or after the surgery.

Bleeding: There may be excessive bleeding or seeping postoperatively resulting in a collection of blood or lymph called a hematoma or seroma. Such occurrences may require or produce reopening of the wound and prolonged healing. Strenuous activities within the first two days after surgery are the most common causes. Other risk factors include certain medical conditions such as uncontrolled high blood pressure, medications such as ibuprofen or aspirin products, supplemental vitamin E, alcohol, garlic pills, and numerous herbal remedies.

Loss of motor (muscle) or sensory (feeling) nerve function: Rarely, the tumor invades or surrounds nerve fibers. In such cases, the nerves must be removed along with the tumor. We will discuss any major nerves which might be near your tumor. Some temporary numbness and tingling can result over any incision, especially flaps and grafts.

Loss of important structures: Tumors can involve vital structures such as eyelids, noses, ears and lips. A portion of them may have to be removed with resulting cosmetic or functional deformities.

Tumor recurrence: No surgeon or treatment can guarantee a 100% cure rate. Risk factors include immunosuppression, previously treated tumors and large, longstanding tumors.

Adverse reactions to medications: Rarely, a patient will have an adverse reaction to a medication or material used during or after the surgery. Risk factors include a history of previous reaction or multiple chemical sensitivities.

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How to Prepare for Surgery

Read the enclosed handouts. Be sure that your blood pressure is controlled. If your diastolic blood pressure (the lower number) is above 100 mmHg, we cannot safely perform the surgery.

If you take blood thinners for a stroke, heart attack, blood clot, or have an active cardiac arrhythmia such as atrial fibrillation, you must contact the prescribing physician for permission prior to stopping your anticoagulants.

Mark your calendar:

- Five days prior to surgery (to minimize the risk of complications from bleeding) stop:
  - Aggregox (Aspirin and dipyridamole)
  - Aspirin (Bufferin, Excedrin, etc.)
  - Herbal remedies (fish oils, garlic pills, ginko, vitamin E, etc.)
- Three days prior to surgery, stop:
  - Coumadin (Warfarin)
  - Effient (Prasugrel)
  - Naprosyn, Anaprox, Midol (Naproxen)
  - Plavix (Clopidogrel)
  - Ibuprofen products (Aleve, Advil, Motrin, etc.)
- One day prior to surgery, avoid:
  - Brilinta (Ticagrelor)
  - Eliquis (Apixaban)
  - Lovenox (Enoxaparin)
  - Pradaxa (Dabigatran)
  - Xarelto (Rivaroxaban)
  - Alcohol-containing beverages (beer, wine, liquor, etc.) or remedies (Nyquil, etc.)
- On the day of the surgery:
  - If prescribed, take your prophylactic antibiotics one hour prior to the appointment
  - Have your usual meals
  - Bring something to do such as a book, crossword puzzles, or a laptop
  - If you are having Mohs micrographic surgery, keep your schedule open because we do not know how many layers will be necessary. Most patients are in the office for three to four hours, but some patients require a full day

After surgery:

- Plan to keep the bandage dry for 24 hours
- Plan to relax the first two days
- Plan to strictly avoid exercising, heavy lifting, and straining for two days
- Plan to avoid motions that stretch the wound for the first two weeks
- Plan to avoid pools, baths, and hot tubs until the sutures are removed
- Showers are okay after the first 24 hours

Problems after surgery are rare, but possible. Please avoid planning trips within the first three weeks after the surgery so that we can manage any complications, should they occur.

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Registration Form

Date___________________

Home Phone ____________________
Work Phone_____________________
Cell Phone______________________

Patient Name____
Last First Middle

Patient Address____
Street/Apt# City State/Zip Code

Sex □M □F Date of Birth______________ Social Security #__________________________

Occupation___________________ How did you hear of our practice?________________________

Email address: __________________________________ Like to receive e-Newsletters? __Yes __ No

Please list family members or other persons, whom we may inform about your general medical condition and your diagnosis (including treatment, payment and health care operations)

Name	Relationship	Date of Birth	Phone #

Referring Physician____
Primary Care Physician Address:____
____

Emergency Contact Person____
Name Phone Number

I authorize Michael R. Warner, M.D. & Wyatt C. To, M.D. to leave messages as it pertains to my health or appointments on:

- ☐ My home answering machine
- ☐ My work answering machine
- ☐ My cell phone
- ☐ With my family members or others residing in my household

______________________________ ______________________________
Signature Date

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Health Questionnaire

Name: ____________________________________ Age _____ Sex ______

Type(s) of skin cancer: ☐ basal cell ☐ squamous cell ☐ squamous cell in situ ☐ melanoma in situ

First noticed: ☐ less than a month ☐ less than six months ☐ less than a year ☐ less than five years ☐ other

Symptoms: ☐ bleeding ☐ crusting ☐ drainage ☐ itching ☐ numbness ☐ tingling ☐ pain

Previous treatments: ☐ biopsy only ☐ freezing ☐ scraping & burning ☐ excision ☐ chemical ☐ radiation

Approximate size: ☐ dime-sized or less ☐ nickel-sized ☐ quarter-sized or larger

Past personal history of skin cancer ☐ yes ☐ no If yes, what type and location ___________________

Please list your current medications: ☐ none

____

____

Please list all allergies: ☐ none

____

Are you allergic to: ☐ latex ☐ local anesthetics ☐ antibiotics ☐ adhesive tape? ☐ No

Do you take ☐ aspirin ☐ ibuprofen (Aleve, Advil, etc.) ☐ vitamin E? ☐ No

Do you take ☐ Coumadin (warfarin) ☐ Plavix ☐ Trental ☐ Ticlid? ☐ No

Do you take herbal remedies? ☐ N ☐ Y Please list: _____________________________________

Do you drink alcohol? ☐ Y ☐ N

Do you smoke? ☐ Y ☐ N

Please check yes or no:

Pacemaker	☐ Y ☐ N	Mitral valve prolapse	☐ Y ☐ N	Leukemia	☐ Y ☐ N
Defibrillator	☐ Y ☐ N	Heart valve disease	☐ Y ☐ N	HIV	☐ Y ☐ N
High blood pressure	☐ Y ☐ N	Artificial joint	☐ Y ☐ N	Hepatitis	☐ Y ☐ N
Heart attack	☐ Y ☐ N	Other prosthetic	☐ Y ☐ N	Liver disease	☐ Y ☐ N
Stroke or mini-stroke	☐ Y ☐ N	Organ transplant	☐ Y ☐ N	Kidney disease	☐ Y ☐ N
Deep vein thrombosis	☐ Y ☐ N	Diabetes	☐ Y ☐ N	Psychiatric disorder	☐ Y ☐ N
Pulmonary embolism	☐ Y ☐ N	Thyroid disease	☐ Y ☐ N	Keloids	☐ Y ☐ N
Atrial Fibrillation	☐ Y ☐ N	Lymphoma	☐ Y ☐ N	Other:	

Do you take prophylactic antibiotics prior to seeing the dentist or prior to having surgery? ☐ Y ☐ N

Are you pregnant or trying to become pregnant? ☐ Y ☐ N

Please check yes or no:

Back pain	☐ Y ☐ N	Bowel problems	☐ Y ☐ N	Eye pain	☐ Y ☐ N
Chest pain	☐ Y ☐ N	Wheel chair	☐ Y ☐ N	Vision problems	☐ Y ☐ N
Trouble lying back	☐ Y ☐ N	Shortness of breath	☐ Y ☐ N		

Other comments: ____

Have you had a communicable disease in the past six months? ☐Y ☐N

If yes, please explain:

____

____

Please sign your name and date, indicating that the above information is true and complete to the best of your knowledge:

____

Signature Date

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Insurance Form

Patient Name: ____ Date ______________
Last First Middle

Social Security Number _____________________________

Do you have Medical Insurance? □ No □ Yes:

Primary Insurance Carrier

____
Name

____
Member Identification Number

____
Group Number

Secondary Insurance Carrier

____
Name

____
Member Identification Number

____
Group Number

PLEASE NOTE: All charges or co-payments are due at the time of service, when applicable. **Please present your insurance card(s) and driver's license to the office staff with this completed form.** We will copy them for our records and return them to you immediately. We reserve the right to add reasonable collection fees on any account over 60 days past due.

ASSIGNMENT AND RELEASE

I, the undersigned, have insurance coverage with____
Name of Insurance Company
And assign directly to Michael R. Warner, M.D, P.A. all medical benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submissions.

____ _______________________________
Signature of Insured or Guardian or POA Date

MEDICARE AUTHORIZATION

I request that payment of authorized Medicare benefits be made either to me or on my behalf to Michael R. Warner, M.D., P.A. for any services furnished me by their physicians. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits or the benefits payable for related services. I understand my signature requests that payment be made and authorizes release of medical information necessary to pay the claim. If "other health insurance" is indicated in item 9 of the HCFA-1500 form, or elsewhere on other approved claim forms or electronically submitted claims, my signature authorizes releasing of the information to the insurer or agency shown. In Medicare assigned cases, the physician or supplier agrees to accept the charge determination of the Medicare carrier as the full charge, and the patient is responsible only for the deductible, coinsurance, and non-covered services. Coinsurance and the deductible are based upon the charge determination of the Medicare carrier.

____ _______________________________
Beneficiary Signature Date

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THE COSMETIC & SKIN SURGERY CENTER

Wyatt C. To, M.D.
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MICHAEL WARNER, M.D., P.A.

Office Policy Information Sheet

OUR PRACTICE FINANCIAL POLICY

We are dedicated to providing you with the best possible care and service, and regard your understanding of our financial policies as an essential element of your care and treatment. To assist you, we have the following financial policy. If you have any questions, please feel free to discuss them with our staff.

Unless other arrangements have been made in advance by either yourself or your health coverage carrier, full payment is due at the time of service.

YOUR INSURANCE

We will be happy to bill your insurance carrier for you; however any copayment/coinsurance is due at the time of service. In some circumstances we will request a prepayment for services. In the event your health plan determines a service to be "not covered," you will be responsible for the complete charge. In that event we will bill you, and payment is due upon receipt of that statement.

MINOR PATIENTS

For all services rendered to minor patients, the adult accompanying the patient is responsible for payment.

RETURNED CHECKS

It is our office policy to charge a fee of $25.00 for any returned checks.

COMPLETION OF FORMS

We will be happy to complete insurance/disability forms for our patients; however our fee for this service is $10.00 per form. This fee is waived for patients who have had surgery.

DELINQUENT ACCOUNTS

We reserve the right to add reasonable collection fees to any account over 60 days past due.

I have read and understand the financial policy of the practice and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time-to-time by the practice.

_______________________________________ ______________________
Signature of Patient or Responsible Party if a Minor Date

_______________________________________ ______________________
Signature of Co-responsible Party Date

____
Please Print the Name of the Patient

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Directions to Our Office

I70 East (Hagerstown area)

❶ Exit 52B US-15 N/US 340 E towards Gettysburg

❷ Merge onto 340 East

❸ Exit 12B merge onto US-15 N

❹ Exit 16 Motter Avenue

❺ Keep right and cross over bridge

❻ At the 3rd light make a right onto Thomas Johnson Drive

❼ Approximately 1 mile on left arrive at 63-65 Thomas Johnson Drive

❽ Enter building 63, suite B

340 North (Charles Town WV area)

❶ Continue 340 East

❷ Exit 12B merge onto US-15 N towards Gettysburg

❸ Exit 16, Motter Avenue

❹ Keep right and cross over bridge

❺ At the 3rd light, make a right onto Thomas Johnson Drive

❻ Approximately 1 mile on left arrive at 63-65 Thomas Johnson Drive

❼ Enter building 63, suite B

270 North (Washington) and 70 North (Baltimore)

❶ Follow US- 15 N towards Gettysburg

❷ Exit 16 Motter Ave

❸ Keep right and cross bridge

❹ At the 3rd light, make a right onto Thomas Johnson Drive

❺ Approximately 1 mile on left arrive at 63-65 Thomas Johnson Drive

❻ Enter building 63, suite B

15 South (Gettysburg area)

❶ Merge right onto Hayward road

❷ Make a right onto Hayward road

❸ Make a left onto Thomas Johnson

❹ Approximately 2/10 mile on right arrive at 63-65 Thomas Johnson Drive

❺ Enter building 63, suite B

The Cosmetic & Skin Surgery Center

Medication Reconciliation Record

Please list ALL known prescriptions, over- the-counter, herbals, and vitamin/mineral/dietary (nutritional) supplements.

Name (Reported by Patient)	**Dosage**	**Frequency**	**Route** (Oral, Sub-Q)

Are you ALLERGIC to any drugs or materials? ❒ YES ❒ NO If yes, list:

Allergy or Sensitivity (Reported by patient)	**Reaction**

LATEX ALLERGY ❒ YES ❒ NO **Patient Initials ___________ Staff Initials ________**

My signature confirms that I have reviewed the original list of prescriptions/medications. I have marked and dated all changes, and to the best of my knowledge, is up-to-date and inclusive.

_________________ ______________________________________ ______________________

(Physicians Initials) (Patient Signature) (Date)

The Cosmetic & Skin Surgery Center

Medication Reconciliation Record

Date	Patient/Guardian Signature	Physicians Initials

________________ ________________________________ ____________________

(Physicians Initials) (Patient Signature) (Date)