



**Dermatology Consultation
Office Policy**

Date: _____ Patient Name: _____ Sex: M F Age: _____ Date of Birth: _____

Dr. Khan is happy to offer his services to the patients at the Ibn Sina Community Medical Center. As this clinic is not a fully equipped dermatology center, **we can provide only limited professional services**. In general, we can handle a great majority of common skin problems but other conditions require care through full time dermatologists & other specialists.

Dr. Khan is allergic to air-borne chemicals, fumes, body odors, scents etc. He cannot treat patients with odors, sprays, lotions, powders, deodorants, perfumes & colognes. You may consider re-scheduling your visit or see another doctor.

Dermatology History Forms: Please provide all details. All office procedures are scheduled after clinical evaluation.

Dermatology Exam requires partial or complete undressing. A chaperone will provide you with appropriate gowns and drapes as needed, and will be with you at all times during your exam and treatment. We use audiovisual recordings and photos to document your visits. We advise you to shower with an unscented soap prior to the visit. Wear loose-fitting clothes so you can remove them easily. Avoid sprays, lotions, powders, deodorants, perfumes & colognes. A family member may be allowed to be with you in the exam room but is not allowed in the surgery room during any procedure.

Procedures & Tests: Additional charges apply and are payable to the clinic prior to scheduling any procedures & tests. You may be advised to seek care elsewhere if your problem cannot be properly managed by our limited part-time services.

All patients with unusual problems &/or unsatisfactory results should consult the following institutions.

- Department of Dermatology Baylor College of Medicine Tel: 713-798-6131
- Department of Dermatology McGovern Medical School Tel: 713-500-8260
- Department of Dermatology Univ of Texas Medical Branch Tel: 409-747-3376
- Nearest Emergency Centers for your urgent medical & surgical needs
- Other Dermatologists and/or Specialists of your choice worldwide
- Your Primary Care Physician or other Specialists for referral

Authorizations

- I authorize clinical evaluation and treatment without any reservations.
- I authorize audiovisual recordings & taking of photos to document my visits & calls.
- I understand that the results cannot be guaranteed in the practice of medicine.
- I understand that I can seek care elsewhere as advised above.
- I understand social welfare agencies require reporting anything suspicious of neglect or abuse.

I have read, understand & agree to abide by the above listed office policies.

Name Sign Date

Circle: Adult Patient Mother Father Legal-Guardian

Practice limited to Diagnosis & Treatment of Common Skin Problems