



WART INFORMATION

A wart is a growth on the outer layers of the skin. They are caused by a virus called human papillomavirus. There are many different types of warts and they can occur anywhere on the body. They are spread by direct contact with the virus.

Wart Treatment

Warts can disappear without treatment but it can take months to years and can spread or become painful.

There is no guarantee that any treatment will be 100% successful in getting rid of warts. There are multiple over the counter remedies as well as folk remedies. Premier Family Physicians offers two types of wart treatments that can be done in the clinic:

CRYOTHERAPY:

Cryotherapy freezes the wart, stimulating an immune response against the wart. Liquid nitrogen is applied to the lesion, causing the lesion and surrounding skin to freeze. This application does hurt and the pain occasionally increases as the skin thaws. The skin will turn red and occasionally itch. Blisters may form within hours to a few days later. This should be applied every 2-4 weeks until the wart resolves and commonly requires multiple treatments.

CANTHARIDIN:

Cantharidin is a liquid medicine that is applied to the wart. Cantharidin is a liquid extracted from a blister beetle. It is applied to the lesion and washed off hours later. It is painless to apply but causes the skin to blister hours later; this blistering stimulates an immune response.

In having warts treated there are a few things to know

- There is no specific treatment that works 100% of the time.
- It often takes multiple treatments and office visits to resolve a wart.
- Warts spread by contact so you may develop new warts.
- Warts can recur in the same place as previously treated.
- New warts can appear around/near warts being treated during treatment.
- Treatment can leave a scar.
- Treatments can be expensive and time consuming.

If you would like to have a wart treated in our office please sign the consent form prior to treatment.



PREMIER FAMILY PHYSICIANS

CONSENT FOR WART TREATMENT

Date: _____

Patient Name: _____ Date of Birth: _____

The above patient has been diagnosed with a wart/molluscum contagiosum. I have read the information sheet and am aware of the following:

- There is no single treatment that can guarantee successful treatment of warts.
- Wart treatment may require one or more methods or combinations of several methods.
- Multiple treatments may be required.
- The treatments may require multiple office visits.
- The treatments may be expensive – the in office treatment is a surgical procedure and billed accordingly.
- The treated area(s) may develop new lesions.
- The treated area(s) may have recurrences of previously treated lesions.
- The treated area(s) may develop a scar.

My signature below represents my willingness to proceed with the procedure fully realizing the above statements.

Since each insurance company has its own policies regarding the coverage of wart treatment, I acknowledge that the responsibility for payment in full for the charges incurred for wart treatment is the responsibility of the patient or person responsible for the bill regardless of the coverage provided by the insurance company that insures the patient. Any balance after payment by the insurance company, such as co-payments, unmet deductible, or non-coverage, is the responsibility of the patient or guarantor.

Patient Signature: _____ Date: _____

Or if patient under 18 years:

Parent/Guardian Signature _____ Date: _____