



Aestique® Plastic Surgical Associates, Ltd. Lesion Removal Questionnaire

Name _____ Birth date _____ Date _____

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Coverage is subject to the specific terms of a member's benefit plan.

Removal of a benign skin lesion (nevus, mole, sebaceous cyst, wart, seborrheic keratosis, skin tag or pigmented lesion) **MAY** be considered necessary when any of the following criteria are met:

____ Drainage

____ Inflammation

____ Bleeding

____ Burning

____ Intense Itching

____ Pain

____ Obstruction of a body orifice

____ Restricts vision

____ Significantly interferes with normal function

____ Clinical suspicion of malignancy (change in asymmetry, border irregularity, color, diameter, evolving or change in size, shape or color)

____ Due to the lesion's anatomical location it is prone to being recurrently traumatized

COMMENTS: _____

Patient Signature

Date