



**FLORIDA SKIN CENTER**

Date \_\_\_\_\_

**WOUND CARE**

- 1) Keep wound covered and dry for 2 days. If the bandage gets wet, replace it with a dry bandage. Most scabs on the face do not have to be covered with a bandage unless the scab may be dislodged by eyeglasses or clothes. Polysporin should be applied twice a day until follow-up in any case.
- 2) After 48 hours, gently cleanse the wound with peroxide and cover it with Polysporin and, in most cases, a bandage. Do this twice a day until your follow up. Also, after 48 hours you **can** bathe and swim. Please be careful not to dislodge the clot.
- 3) Apply a thin layer of **POLYSPORIN** with each bandage change, twice a day.

PLEASE DO NOT USE NEOSPORIN.

- 4) Call us if you experience any problems or have any questions. If emergencies occur such as hemorrhaging, go immediately to the Emergency Department at Gulf Coast Hospital. They will contact Dr. Badia as indicated.
- 5) Return to our office in \_\_\_\_\_ days/weeks for wound check, biopsy results and further treatment if needed.
- 6) With my signature below I certify that I have received these instructions in verbal and written form and I have no further questions.

Patient/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_

**CUIDADO DE LA HERIDA**

- 1) Mantenga la herida cubierta y seca por 2 dias. Si la benda se moja, cambiala con una benda seca.
- 2) Despues de 48 horas, cuidadosamente limpie la herida con agua oxygenada y remplace la benda. Haga esto dos veces al dia hasta su siguiente sita.
- 3) Aplique un poco de **POLYSPORIN** dos veces al dia por una semana.

FAVOR DE NO USAR NEOSPORIN

- 4) Llamenos a la oficina si tiene algun problema o preguntas. Si ocurre alguna emergencia como hemorragia, vaya directamente al departamento de emergencias del Gulf Coast Hospital. Ellos nos llamaran si es necesario.
- 5) Regrese a nuestra oficina en \_\_\_\_\_ dias /semanas para examinar la herida, revisar los resultados, y aplicar cualquier tratamiento si es necesario.
- 6) Con mi firma, certifico que he recibido estas instrucciones en forma verbal y escrita y no tengo preguntas.

Firma del paciente/ guardian \_\_\_\_\_

Fecha \_\_\_\_\_

*Florida Skin Center  
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