



**Dr. David Bottoni, MD – General Surgeon**

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### **Consent and Disclaimer**

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Patient Name: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

You are being offered mole mapping using the FotoFinder ATBM (Automated Total Body Mapping) imaging system at My Dynamic Health, as an adjunct to a full skin examination performed by Dr. Bottoni, MD. This advanced technology is designed to support the early detection, monitoring, and documentation of skin lesions, with the goal of identifying changes that may indicate skin cancer.

**PLEASE READ CAREFULLY:**

**1. Purpose:**

Mole mapping with FotoFinder ATBM provides high-resolution imaging of the skin and uses digital analysis to track changes in moles and lesions over time. This assists in identifying potential concerns that may require further evaluation or biopsy.

**2. Limitations:**

While FotoFinder ATBM is a valuable tool, no imaging or diagnostic technology is 100% accurate. False positives or false negatives can occur. This technology does not replace clinical judgment, a physical skin exam, or the need for biopsies.

**3. Role of Physician:**

Dr. Bottoni will perform a comprehensive skin examination in conjunction with FotoFinder imaging. Imaging is performed by a FotoFinder trained, Imaging Technician. Images are reviewed by Dr. Bottoni on a case-by-case basis. Medical assessments, diagnoses, and decisions will be based on the combination of clinical findings and imaging results.

4. Patient Responsibility:

Patients must inform Dr. Bottoni of any new, changing, or symptomatic skin lesions, even if they were previously imaged. Regular follow-up, either semi-annual or annual and self-monitoring are crucial.

Consent and Acknowledgment:

By signing below, I acknowledge that:

- I have read and understood this consent and disclaimer.
- I understand that FotoFinder ATBM is a supplemental tool for medical diagnosis, treatment and monitoring.
- I accept the limitations of this technology.

Patient Name (Print) : \_\_\_\_\_

Signature : \_\_\_\_\_

Date : MM/DD/YYYY \_\_\_\_ / \_\_\_\_ / \_\_\_\_