

MICHAEL J. HUETHER, M.D., P.C.

Arizona Skin Cancer Surgery Center, P.C.

MOHS MICROGRAPHIC SURGERY  
DERMATOLOGIC SURGERY

5980 N. La Cholla Boulevard  
Tucson, Arizona 85741-3535  
(520) 887-3333 Phone / (520) 887-3344 Fax  
www.azskincancer.com

Dear New Patient:

Thank you for choosing our practice for your surgical care.

**PLEASE TAKE THE TIME TO READ THE ENCLOSED MATERIALS TODAY.** There are important issues to consider in advance of your appointment. Also, fill out the enclosed forms using a black pen and **return them to our office by mail or fax prior to your visit.** **It is recommended that you make a copy for your records in the event that your paperwork is delayed in the mail or if you are on a waiting list and we move your appointment up.**

**If you have medical insurance that will cover your visit, enter all information on the form, and bring your card with you so we may copy it for your chart.** If you have an insurance plan that requires a referral, include the referral along with these forms. All co-pays will be collected at the time of your visit. **Please bring a Drivers License or Government Issued Photo ID so that we may copy it for your chart.**

If you are subject to a General/Medical Power of Attorney or Legal Guardianship, bring these documents with you to your appointment so we may copy them for your chart. Please note, if you have a **DNR**, the form must be printed on an orange background and must include wording mandated by A.R.S. § 36-3251.

In most cases, the time off work following skin surgery is typically 1-2 days. Only in rare cases is more time off work necessary. If applicable to your employer, FMLA (Family Medical Leave Act) paperwork and amount of time off requested, needs to be discussed and approved at the time of surgery with Dr. Huether. Under no circumstances are we able to retroactively approve time off work.

You may arrive at your scheduled appointment time as long as all of your paperwork is filled out. **It is helpful if you bring a printed list of your medications and the dosages to your initial visit.** To best examine your skin, we ask that you do not wear make-up to your appointment. Also, we kindly request that you ask no more than one person to accompany you to our office due to limited seating in our waiting room. We offer free wireless internet access, numerous magazines, and refreshments in our lobby to ensure that you are comfortable during your visit to our office.

**FOR THOSE PATIENTS WHO ARE SCHEDULED FOR SURGERY, ALTHOUGH NOT REQUIRED, IT IS VERY HELPFUL IF YOU OR A FRIEND CAN TAKE A PHOTOGRAPH OF THE BIOPSY SITE(S) THAT WE WILL BE TREATING BEFORE THEY HEAL IF YOUR APPOINTMENT IS MORE THAN 1 WEEK AWAY. YOU SHOULD SEND THESE PHOTOGRAPHS IN WHEN RETURNING YOUR SURGERY PAPERWORK. ALTERNATIVELY, YOU MAY E-MAIL YOUR PHOTOGRAPHS TO FRONTDESK@AZSKINCANCER.COM.**

Finally, if you have special needs or concerns (such as allergies to local anesthetics, etc.) please contact our office by telephone as soon as possible so that we may prepare as necessary.

We look forward to providing you with the highest quality surgical care. Please contact us if you have any questions or concerns prior to your visit.

Thank you,

Office Staff  
Michael J. Huether, M.D.

S:\Front Office\Patient Packets\PATIENT LETTERS\New Patient Letter.doc

*Fellow, American College of Mohs Surgery  
Fellow, American Society for Dermatologic Surgery  
Fellow, American Academy of Dermatology  
Diplomate, American Board of Dermatology*

**Michael J. Huether, M.D., P.C. / Arizona Skin Cancer Surgery Center, P.C.** Appointment Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Patient Registration Sheet** (please print in **black pen** and **fill out completely**) (list "N/A" if not applicable)

Legal Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_ (9-digit zip code) Sex M / F Marital Status S / M / D / W

Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

\*\*\*If you have an alternative address/phone, list here: \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Pharmacy Name/Cross Streets/Phone \_\_\_\_\_

Language \_\_\_\_\_ Race \_\_\_\_\_

Name of Spouse \_\_\_\_\_ Spouse's Employer \_\_\_\_\_ Phone \_\_\_\_\_

Nearest Relative (or Friend) Not Living with Patient \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Do you have a Living Will? Y/N Power of Attorney? Y/N DNR? Y/N We can only honor these documents if we have a copy on file. Are you attaching a copy of these documents today? Y/N Are you currently a hospice patient? Y/N Do you have State AHCCCS ins. or are you in the process of applying for it or being approved for it? Y/N**

I AUTHORIZE Dr. Huether or his office staff to discuss my health condition with the following individuals (MUST LIST THE NAMES OF SPOUSE, FAMILY OR FRIENDS THAT WE CAN SPEAK WITH): \_\_\_\_\_

Other than phone messages which may be left for appointment reminders, check below if appropriate:

I DO AUTHORIZE /  I DO NOT AUTHORIZE messages to be left on my answering machine regarding details of my medical care, including results.

**Sent by:**  Doctor  PA  NP Name \_\_\_\_\_ / Specialty \_\_\_\_\_ Phone Number \_\_\_\_\_

Friend / Family Name \_\_\_\_\_

Other (How did you hear about us?) \_\_\_\_\_

**Please list other family members who are patients here \_\_\_\_\_ AND/ OR [ ] I HAVE SEEN DR. HUETHER IN THE PAST**

**Primary Care Physician** (if as above, check here \_\_\_\_)

**Patient Employment Information:**

Name \_\_\_\_\_

Employer \_\_\_\_\_

Phone Number \_\_\_\_\_

**Insurance Information (must be completed in full in addition to providing the actual card)**

**Primary Insurance Company** \_\_\_\_\_ ID# \_\_\_\_\_ Group# \_\_\_\_\_

Policy Holder's Name & Date of Birth \_\_\_\_\_ Policy Holder's Social Security # \_\_\_\_\_

Policy Holder's Relationship to Patient \_\_\_\_\_ Copay \$ \_\_\_\_\_ Deduct \$ \_\_\_\_\_ Effective Date: \_\_\_\_\_

**Secondary Insurance Company** \_\_\_\_\_ ID# \_\_\_\_\_ Group# \_\_\_\_\_

Policy Holder's Name & Date of Birth \_\_\_\_\_ Policy Holder's Social Security # \_\_\_\_\_

Policy Holder's Relationship to Patient \_\_\_\_\_ Copay \$ \_\_\_\_\_ Deduct \$ \_\_\_\_\_ Effective Date: \_\_\_\_\_

I authorize the release of medical information which could include HIV status, communicable disease, drug abuse information or pathologic slides/reports to and from my primary care and referring physician(s), outside laboratories or consultants, if needed, in the course of my examination and treatment and as necessary to process insurance claims, insurance applications and prescriptions until revoked in writing. I also authorize payment of medical benefits to the physician and the Arizona Skin Cancer Surgery Center, P.C. I have received and read the **Patient Rights & Responsibilities and Advanced Directives Policy**.

**Patient or Responsible Party Signature** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Reviewed: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

\_\_\_\_/\_\_\_\_/\_\_\_\_

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

\_\_\_\_/\_\_\_\_/\_\_\_\_

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

**MICHAEL J. HUETHER, M.D., P.C./ARIZONA SKIN CANCER SURGERY CENTER, P.C.  
MEDICAL HISTORY AND INTAKE FORM**

**Patient Name:** \_\_\_\_\_ **DOB** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Today's Date:** \_\_\_\_\_

**PLEASE MARK THE MEDICAL CONDITIONS THAT YOU CURRENTLY HAVE / HAD IN THE PAST**

PAST MEDICAL HISTORY:		PAST SURGERIES:	
<input type="checkbox"/> None	<input type="checkbox"/> Hearing Loss	<input type="checkbox"/> None	<input type="checkbox"/> Prostate Surgery
<input type="checkbox"/> Anxiety	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Abdominal Surgery	<input type="checkbox"/> Hysterectomy
<input type="checkbox"/> Arthritis	<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Breast Biopsy R/L	<input type="checkbox"/> Kidney Biopsy
<input type="checkbox"/> Asthma	<input type="checkbox"/> <b>Hyper</b> thyroidism	<input type="checkbox"/> Biopsy of Prostate	<input type="checkbox"/> Rectum Surgery
<input type="checkbox"/> Atrial Fibrillation	<input type="checkbox"/> <b>Hypo</b> thyroidism	<input type="checkbox"/> Heart: Bypass Surgery	<input type="checkbox"/> Lumpectomy of Breast R/L
<input type="checkbox"/> Benign Prostatic Hyperplasia	<input type="checkbox"/> Liver Disease	<input type="checkbox"/> Kidney Transplant	<input type="checkbox"/> Heart Valve Replacement
<input type="checkbox"/> Stroke	<input type="checkbox"/> Leukemia	<input type="checkbox"/> Excision of Basal Cell Carcinoma	<input type="checkbox"/> Ovary Surgery
<input type="checkbox"/> COPD	<input type="checkbox"/> Lymphoma	<input type="checkbox"/> Excision of Melanoma	<input type="checkbox"/> Pancreas Surgery
<input type="checkbox"/> Coronary Arteriosclerosis	<input type="checkbox"/> Tumor of Lung	<input type="checkbox"/> Excision of Squamous Cell Carcinoma	<input type="checkbox"/> Spleen Surgery
<input type="checkbox"/> Depression	<input type="checkbox"/> Tumor of Breast	<input type="checkbox"/> Colostomy	<input type="checkbox"/> Surgical biopsy of Skin
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Tumor of Colon	<input type="checkbox"/> Tubal Ligation	<input type="checkbox"/> Kidney Surgery
<input type="checkbox"/> COVID-19	<input type="checkbox"/> Tumor of Prostate	<input type="checkbox"/> Appendectomy	<input type="checkbox"/> Replacement of Hip Joint L/R <b>YEAR:</b> _____
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Radiation Treatment	<input type="checkbox"/> Breast: Mastectomy B/R/L	<input type="checkbox"/> Replacement of Knee Joint L/R <b>YEAR:</b> _____
<input type="checkbox"/> End Stage Renal Disease	<input type="checkbox"/> Bone Marrow Transplant	<input type="checkbox"/> Gall Bladder Surgery	<input type="checkbox"/> Heart Transplant
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Other	<input type="checkbox"/> Colon Surgery	<input type="checkbox"/> Liver Transplant
<input type="checkbox"/> Esophageal Reflux	<input type="checkbox"/>	<input type="checkbox"/> Angioplasty	<input type="checkbox"/> Other Surgery
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Heart Valve Surgery	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Bladder Surgery	<input type="checkbox"/>
SKIN DISEASE HISTORY:			
<input type="checkbox"/> None	<input type="checkbox"/> Dysplastic Nevus	<input type="checkbox"/> Psoriasis	<b>Do you tan in a tanning salon?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Acne	<input type="checkbox"/> Eczema	<input type="checkbox"/> Squamous Cell Carcinoma	<b>Do you have a family history of skin cancer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> AK (Precancers)	<input type="checkbox"/> Asthma	<input type="checkbox"/> Blistering Sunburn	<b>What type?</b> _____
<input type="checkbox"/> Dry Skin	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Other	<b>Which relative?</b> _____
<input type="checkbox"/> Basal Cell Skin Cancer	<input type="checkbox"/> Melanoma	<b>Do you wear sunscreen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Other pertinent family history (Only first-degree relatives)</b> _____
<input type="checkbox"/> Poison Ivy	<input type="checkbox"/> Itchy Scalp	<b>SPF?</b>	

**ALLERGIES:**

Please enter all allergies AND reactions OR attach a list OR circle (**NONE - if no allergies**):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MICHAEL J. HUETHER, M.D., P.C./ARIZONA SKIN CANCER SURGERY CENTER, P.C.  
MEDICAL HISTORY AND INTAKE FORM**

**Patient Name:** \_\_\_\_\_ **DOB** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Today's Date:** \_\_\_\_\_

**PLEASE MARK ALL THAT APPLY**

**SOCIAL HISTORY**

<input type="checkbox"/> Former Smoker <input type="checkbox"/> Never Smoker <input type="checkbox"/> Current Smoker	<b>Alcohol Use Frequency:</b> <input type="checkbox"/> None <input type="checkbox"/> Less Than 1 Per Day <input type="checkbox"/> 1-2 Per Day <input type="checkbox"/> 3 or More Per Day	<input type="checkbox"/> Drives in Daytime <input type="checkbox"/> Drives at Night  <input type="checkbox"/> Current <b>OR</b> Former <b>Occupation:</b> _____ _____ _____  <input type="checkbox"/> <b>Do you feel safe at home?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Caffeine Usage Frequency:</b> <input type="checkbox"/> several times a day <input type="checkbox"/> once a day <input type="checkbox"/> few times a week <input type="checkbox"/> few times a month <input type="checkbox"/> never <input type="checkbox"/> other
--	--	--	--

**Exercise Frequency:**  several times a day  once a day  few times a week  few times a month  never  other

**REVIEW OF SYSTEMS**

<input type="checkbox"/> None	<input type="checkbox"/> Problems with healing	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Irregular heartbeat
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Rash	<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Unintentional Weight Loss
<input type="checkbox"/> Headaches	<input type="checkbox"/> Seizures	<input type="checkbox"/> Depression	

**ALERTS**

<input type="checkbox"/> Allergy to Adhesive	<input type="checkbox"/> Allergy to local Anesthetic	<input type="checkbox"/> Allergy to Latex	<input type="checkbox"/> Artificial Heart Valve
<input type="checkbox"/> Artificial Joints within past 2 years	<input type="checkbox"/> Premedication prior to procedures	<input type="checkbox"/> Blood Thinners	<input type="checkbox"/> Problems with bleeding
<input type="checkbox"/> Problems with Scarring (Hypertrophic or Keloid)	<input type="checkbox"/> Immunosuppression Transplant/Chemotherapy Medication?	<input type="checkbox"/> HIV	<input type="checkbox"/> Hepatitis B or C
<input type="checkbox"/> MRSA	<input type="checkbox"/> Defibrillator or Pacemaker	<input type="checkbox"/> Oxygen Use (# Liters / Demand or Continuous) _____	<input type="checkbox"/> COVID-19 – exposed to someone positive
<input type="checkbox"/> COVID-19 – currently have symptoms	<input type="checkbox"/> Allergy to topical antibiotic ointment	<input type="checkbox"/> Rapid heartbeat with epinephrine	<input type="checkbox"/> Pregnancy or planning

**VACCINATIONS:**

<b>Have you had the pneumonia vaccine?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you get the flu vaccine?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No



MICHAEL J. HUETHER, M.D., P.C.  
ARIZONA SKIN CANCER SURGERY CENTER, P.C.

FINANCIAL AND OFFICE POLICY

Thank you for choosing our practice for your care. As part of our commitment to service, we make every effort to offer efficient and helpful billing services. To this end, we require you to read, understand, sign and date the following, prior to any evaluation or treatment. We also ask that you read and understand our Patient Rights and Responsibilities Policy, Notice of Privacy Practices and Advanced Directive Policy.

You authorize the release of medical information which could include HIV status, communicable disease, drug abuse information or pathologic slides/reports to and from my primary care and referring physician(s), outside laboratories or consultants, if needed, in the course of your examination and treatment as necessary to process insurance claims, insurance applications and prescriptions until revoked in writing.

You authorize the release of your current medications to be obtained from your pharmacy and uploaded into your patient chart.

You authorize payment of medical benefits to the physician and the Arizona Skin Cancer Surgery Center, P.C.

It is essential that you bring your current primary and secondary insurance card to each visit, so that we have the most accurate and up-to-date information to submit charges to the insurance carrier on your behalf. We also require that you provide a valid driver's license or photo ID to protect you from insurance fraud.

**Cancelled Appointments:**

Please call 48 hours in advance to cancel any appointments. There will be a \$40.00 cancellation fee for appointments not cancelled at least 48 hours in advance.

**MEDICARE:**

We participate with Medicare, and we accept assignment. Patients are responsible for meeting their annual deductible and paying for the 20% co-insurance. We will file a claim with your secondary/supplemental carriers. If you do not have secondary insurance coverage, we will collect your 20% Medicare coinsurance at your appointment.

**PARTICIPATING PLANS-HMOs/PPOs/Non-Participating Plans:**

If Dr. Huether is a participating provider contracted with your insurance plan, copay's, co-insurance, and deductibles must be paid at the time of service per health plan requirements. All other charges will be billed directly to the insurance plans in which we participate. If Dr. Huether is not a participating provider contracted with your insurance plan, the expenses for your care will be your responsibility. Once we receive the correct payment from the insurer, we will make our contractual adjustment, and send you a bill for any unpaid patient responsibility. This is due upon receipt of our bill. **It is your responsibility to know your coverage eligibility, pre-existing conditions, deductibles, copays, referral and pre-certification requirements and whether or not Dr. Huether is a provider for your plan.** If the expertise of an outside lab is needed for a portion of your care (biopsy interpretations or second opinions), you may receive a separate bill from that lab for their services. You will be responsible for paying that separate bill. This office is not contracted with AHCCCS (Medicaid) or any AHCCCS plans. We are unable to accept you as a patient if you have AHCCCS as a primary plan. You are required to notify us if you are enrolled with AHCCCS.

**\*\*ARIZONA SKIN CANCER SURGERY CENTER, P.C.:**

In some cases, depending upon the nature of your surgery, you may be treated in our licensed outpatient surgical center. You and/or your insurance plan will be billed separately for these services, **including additional deductibles, co-insurance or copays.** If you have any questions please contact your insurer or call our office and speak with our billing staff.

**PAYMENT:**

All physician and facility co-pays, co-insurance, and deductibles are due at the time of service. Please be aware that we will reschedule your appointment if you are not prepared to pay your physician and facility co-pay, co-insurance or deductible at the time of service. If you do not have insurance, payment is due in full at the time of service. We accept cash, checks, or credit cards (Visa, MasterCard and Discover). If paying by check, separate checks are required for the physician and the facility as they are two separate entities. After the initial consultation, if you have any questions regarding the cost of the proposed procedures, someone from our billing office will assist you. There will be a \$35.00 fee imposed for all returned checks. We DO NOT accept CareCredit.

**SELF PAY PATIENTS (no insurance)**

You will be required to pay your estimated costs at check-in. You may incur a higher or lower cost than the estimated amount depending on the actual treatment that you receive. Any changes to your account will be adjusted at check-out. If you are not prepared to pay the estimated amount before your surgery, we will have to reschedule your appointment. If paying by check, please be sure to bring more than one check in case your estimate is adjusted at check-out.

If you receive a patient balance statement in the mail, we can accept credit card payments made by phone. **A \$10.00 rebilling fee will be added each month if not paid in full within 30 days from the date of the statement.**

Thank you for taking the time to read and understand our Financial Policy. We welcome the opportunity to discuss any aspect of this policy if you have questions.

I have read, understand and agree to this Financial Policy, the Patient Rights and Responsibilities Policy, the Notice of Privacy Practices and Advanced Directive Policy.

Patient/Responsible Party Signature \_\_\_\_\_ Today's Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please Print Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

4/4/2018

**ARIZONA SKIN CANCER SURGERY CENTER**

**NOTICE TO PATIENTS**

.....  
State law, A.R.S. §32-1401(27)(gg), requires that a physician notify a patient that the physician has a direct financial interest in a separate diagnostic or treatment agency to which the physician is referring the patient and/or in the non-routine goods or services being prescribed by the physician, and whether these are available elsewhere on a competitive basis. We support this law, because it helps patients make reasoned financial decisions concerning their medical care.

In compliance with the requirements of this law, you are being advised that we have a direct financial interest in the diagnostic or treatment agency named below. Further, as indicated below, services that we have prescribed are available elsewhere on a competitive basis.

**DIAGNOSTIC OR TREATMENT AGENCY OR NON-ROUTINE GOODS AND SERVICES:**

.....  
Ambulatory Surgical Services  
.....

**ARE THESE SERVICES AVAILABLE ELSEWHERE ON A COMPETITIVE BASIS?**

No  Yes      **If yes, which ones:**

.....  
Various hospitals and surgical centers in Pima County. Northwest Medical Center is the closest alternative location providing surgical services.  
.....

The law provides for the acknowledgement of your having read and understood these disclosures by dating and signing this form in the space provided below. We will keep the signed original in your patient file; you will receive a copy.

Michael J. Huether, M.D.

**Acknowledgement**

(I/We) have read this "Notice to Patients" form, and (I/we) understand the disclosures that it contains.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Printed Patient Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Patient / Guardian

# Sun Protection and Sunscreen Information

Sun protection requires active participation on your part, but the benefits are worth your efforts. Minimizing sun damage caused by ultraviolet light not only helps protect your skin against the formation of skin cancer but also protects against premature aging of the skin, wrinkling, excess pigmentation, dilated blood vessels, and leathery skin. Though not widely known, ultraviolet light also directly damages your skin immune system, the first line of defense against skin cancer. The following are suggestions for minimizing your sun exposure, while still participating in the activities that you enjoy outdoors.

## ***Sun sense***

Minimize sun exposure during the most sun-intense times of the day (**8 am-4 pm in Tucson**). Try to plan your outdoor events before or after this time period. Don't forget to seek shade whenever possible. Stand under a tree or in a shadow when near. Because ultraviolet light penetrates clouds, don't forget to protect yourself even on cloudy days. Although the winter months bring cooler temperatures, the sun remains very intense, and protection is still important. Also, remember that ultraviolet light reflects off water and sand and can intensify exposure. Avoid tanning booths or trying to get a tan; there is no such thing as a "healthy tan". Get to know your own skin, and examine it regularly. You are the expert when it comes to your own skin. If there is a new or changing growth, you will be the first person to know it. If you have *any* concerns about a spot, see your doctor.

## ***Sunscreen***

Get into the habit of using broad-spectrum sunscreen with a Sun Protection Factor (SPF) of at least 30 that blocks **both UVA and UVB light** (the two damaging types of ultraviolet light) on a daily basis, just as you brush your teeth. Many of these products are combined with a moisturizer and do not feel greasy. When you know you are going to be spending time outside for more than just a few minutes (playing golf, tennis, hiking, etc.), apply a sunscreen with an SPF of 30 or higher. Again, it should be one that blocks both UVA and UVB light. You need this higher degree of protection when remaining outside for longer periods of time or you may burn. Keep a tube of sunscreen in your car, golf bag or back pack for last-minute sun activities. Then you won't be caught without it.

Finding a sunscreen that feels good on your skin is the most critical part of getting into the habit of using these products on a regular basis. Don't use price as an indicator of which sunscreens are good. It doesn't matter how expensive or "good" it is if it just sits in the bottle. Once you select a product with the appropriate SPF (discussed above) that blocks both UVA and UVB, your own personal use test will determine which sunscreen is best for you. Studies have shown that applying sunscreen 20 to 30 minutes before sun exposure is critical because there is a lag time between application and when it begins working. That 20 to 30 minutes of unprotected exposure may be enough to get burned. Also, most of us apply far too little sunscreen which has the effect of drastically decreasing the SPF of the product applied. You should apply the amount you would apply if putting on a moisturizer, so that the skin is thoroughly covered. Don't forget to apply sunscreen to often missed areas such as the back of the hands, ears, legs and lips (there are inexpensive SPF-containing lip balms readily available at most pharmacies). Due to sweating and rubbing off, sunscreen should be reapplied every two hours while outside. Even waterproof sunscreens should be reapplied. Remember, sunscreens are designed to protect you against unavoidable sun. They are not to be used to increase your time in the sun.

## ***Sun protective gear / clothing***

Sun glasses that block UVA and UVB provide protection not only for your eyes but also for the skin around your eyes, helping to prevent skin cancer and premature wrinkling. In addition, wearing a broad-brimmed (4 inch brim) hat is much better than a baseball cap, since the ball cap only partially protects your face and does nothing to protect your ears or neck. Long sleeve shirts and pants also provide a physical block of the sun. The more dense the weave of the clothing and the darker the color, the better the protection. Several manufacturers make and sell sun protective clothing which is stylish, lightweight and offers very good protection.

***Spread the word about sunscreens and the dangers of skin cancer to friends and family members. You could save a life!***



# Skin Cancer: If you can spot it, you can stop it.

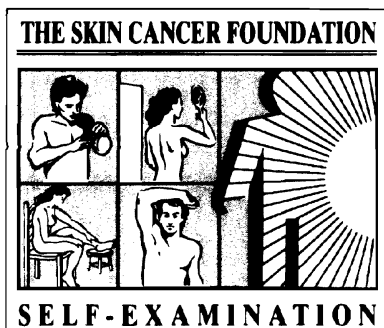
## Why self-exams are so important

Skin cancer is the most common of all cancers, afflicting more than 600,000 Americans each year. It's the easiest to cure, if diagnosed and treated early. But if allowed to progress, skin cancer can result in disfigurement and even death. Coupled with yearly exams by a doctor, self-examination is the best way to ensure that you don't become a skin cancer statistic.

## What to look for

- A skin growth that increases in size and appears pearly, translucent, tan, brown, black, or multicolored
- A mole, birthmark, beauty mark, or any brown spot that changes in size and thickness; changes in texture; is irregular in outline; is bigger than 6mm (the size of a pencil eraser); appears after age 21
- A spot or sore that continues to itch, hurt, crust, scab, erode, or bleed
- An open sore that does not heal within 3 weeks

***Self-examination — Do it.  
It could save your life.***



For a free how-to brochure on self-examination, send a stamped, self-addressed, business-size envelope to:  
The Skin Cancer Foundation  
Box 561, Dept. SE, New York, NY 10156.



1

Examine your face, especially the nose, lips, mouth, and ears—front and back. Use one or both mirrors to get a clear view.



2

Thoroughly inspect your scalp, using a blow dryer and mirror to expose each section to view. Get a friend or family member to help, if you can.



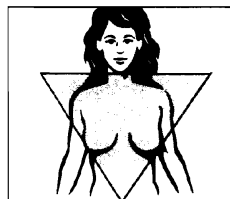
3

Check your hands carefully: palms and backs, between the fingers, and under the fingernails. Continue up the wrists to examine both front and back of your forearms.



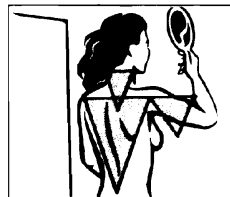
4

Standing in front of the full-length mirror, begin at the elbows and scan all sides of your upper arms. Don't forget the underarms.



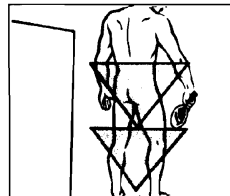
5

Next focus on the neck, chest, and torso. Women should lift breasts to view the underside.



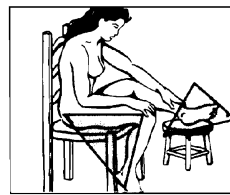
6

With your back to the full-length mirror, use the hand mirror to inspect the back of your neck, shoulders, upper back, and any part of the back of your upper arms you could not view in step 4.



7

Still using both mirrors, scan your lower back, buttocks, and backs of both legs.



8

Sit down; prop each leg in turn on the other stool or chair. Use the hand mirror to examine the genitals. Check front and sides of both legs, thigh to shin; ankles, tops of feet, between toes, and under toenails. Examine soles of feet and heels.

**MICHAEL J. HUETHER, M.D., P.C.**  
**ARIZONA SKIN CANCER SURGERY CENTER, P.C.**

**PATIENT RIGHTS**

**Each patient will:**

- Be treated with consideration, respect, and dignity, to include privacy in treatment and personal care needs in a safe setting.
- Have the right to refuse or withdraw consent for treatment or give conditional consent for treatment.
- Be free from chemical, physical and psychological abuse or neglect, harassment, discrimination or reprisal.
- Be offered reasonable attempts to communicate in the language or manner primarily used by patients, if the need arises.
- Have the right to have medical and financial records kept in confidence and the release of such records shall be by written consent of the patient or the patient's representative except as otherwise required or permitted by law.
- Be given the opportunity to participate in decisions involving their health care, except when such participation is inadvisable for medical reasons.
- Have information concerning diagnosis, evaluation, treatment, prognosis & risks involved. If medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
- Be offered information on the patient portal to access important medical information.
- Have the right to change providers if other qualified providers are available.
- Have the right to refuse to participate in experimental research.

**Information is available to patients and staff concerning the:**

- Credentials of health care professionals.
- Policy on advance directives.
- Costs of services prior to obtaining services or prior to a change in rates, charges, services, payment policies and fee schedules.
- Notice of third-party coverage, including Medicare and AHCCCS.
- Provision of after-hours and emergency care.
- Right to express concerns through our patient grievance process by contacting the Practice Manager at 887-3333.
- Right to view the Medicare Beneficiary Ombudsman Webpage at:
- <http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman>
- Right to file a complaint with the Bureau Chief, Medical Facilities Licensing at Arizona Department of Health Services, 150 N. 18<sup>th</sup> Ave., Phoenix, AZ 85007 602-542-1025 at <http://www.azdhs.gov/als>

## PATIENT RESPONSIBILITIES

- You are responsible to give Michael J. Huether, M.D., P.C./Arizona Skin Cancer Surgery Center, P.C., and staff complete and accurate information to the best of your ability about your health status, including past illnesses, hospital stays, and medications, (including over the counter products and dietary supplements and any allergies or sensitivities).
- You are responsible to follow the treatment plan prescribed by your provider, and are responsible for asking questions when you do not understand information or instructions. If you believe you cannot follow through with instructions, you are responsible for telling your doctor.
- You are responsible to have a responsible adult to transport you home from the facility and remain with you for 24 hours if requested by Dr. Huether.
- Inform the Practice of any advance directive, living will, medical POA, or DNR that could affect your care.
- You are responsible for providing necessary information for insurance claims, including changes in insurance carriers. You are responsible for co-payments, deductibles and co-insurance and for paying a portion of your bill depending upon your healthcare coverage.
- You are responsible to be respectful and considerate of all the healthcare providers and staff caring for you, as well as other patients.

## ADVANCE DIRECTIVES POLICY

Michael J. Huether, M.D., P.C. and Arizona Skin Cancer Surgery Center, P.C., respects your rights as a patient and realize that you, as an individual, have unique health needs.

These rights apply to both you and to those legally responsible for making your health care decisions. These people may include legal guardians, surrogates and those you have given decision-making responsibilities in a durable power of attorney or health care document.

- A **Living Will** is a written statement that details the care you want or (do not want) that is to be followed if you become incapacitated or cannot make your own health care decisions.
- A **Health Care Directive** is a written statement about how you want your health care decisions made.
- A **Health Care POA/Medical POA** is a written statement in which you name an adult to make health care decisions for you when you cannot make or communicate such decisions.
- A **General Durable POA** is a written statement that gives broad authorizations to a designated agent. This document must specifically authorize health care decisions.
- A **DNR** lets the patient express their wish to do without cardiopulmonary resuscitation (CPR.) We will not accept a DNR that is not printed on state required ORANGE BACKGROUND PAPER which must include wording mandated by A.R.S. § 36-3251. For the **DNR** to be accepted in our office, it must be entirely filled out, signed by a witness or notarized and signed and executed by the patient's **primary** designated Licensed Health Care Provider. If this document is not complete, the DNR will not be considered valid nor accepted in our office. While at our facility, we will suspend the DNR on file unless an adverse event occurs. We will then give a copy to the receiving facilities.

\*\*\*If you would like an official State Advance Directive form, please visit [www.azag.gov](http://www.azag.gov).\*\*\*

If you would like a copy of these documents placed in your chart, please bring a copy with you.

# MICHAEL J. HUETHER, M.D., P.C.

Arizona Skin Cancer Surgery Center, P.C.

MOHS MICROGRAPHIC SURGERY  
DERMATOLOGIC SURGERY

5980 N. La Cholla Boulevard  
Tucson, Arizona 85741-3535  
(520) 887-3333 Phone / (520) 887-3344 Fax  
[www.azskincancer.com](http://www.azskincancer.com)

## SURGERY INSTRUCTIONS

### WELCOME

---

You have been referred to our office for surgical excision (removal) of a growth on your skin. Our goal is to provide you with the quality and expertise that you expect and deserve. We are state accredited, and Medicare certified. This brochure will acquaint you with our practice and give you a better understanding of how our facility works. We take great pride in the training and professional capabilities of our staff. Please feel free to ask any questions you may have regarding your medical care, fees, insurance, or other office policies.

### AN IMPORTANT REMINDER

---

Please take the time to read this entire brochure today. It is essential that our patients are well informed, relaxed, and above all, confident that they are receiving the best care available. If you have any special concerns such as: allergies to local anesthetics; bleeding disorders; oxygen use; special physical limitations or any other concern, please contact us in advance of your appointment to address these issues. Also, please inform our office if your cancer is growing rapidly or very painful.

### ABOUT DR. HUETHER

---



A native of Sioux Falls, South Dakota, Dr. Huether graduated with the honors of Phi Beta Kappa from the University of South Dakota. He received his M.D. from the University of Iowa College of Medicine, then completed an internship at Mayo Clinic Scottsdale. In addition, he completed a dermatology residency at Yale University, where he was chief resident in dermatology. Dr. Huether is board-certified in dermatology. He also completed an extra year of fellowship training in Mohs Micrographic Surgery and Cutaneous Oncology at the University of Pittsburgh Medical Center.

### SKIN CANCER INFORMATION

---

#### *What should I know about skin cancer?*

Skin cancer is the most common form of cancer in human beings. The two most common types, basal cell carcinoma and squamous cell carcinoma, both start as a single point in the upper layers of skin and slowly enlarge, spreading along the surface and down through the skin. These extensions are not always directly visible to the naked eye. The tumor often extends far beyond what can be seen on the surface of the skin. If not removed completely, both types can invade and destroy structures in their path. Although these skin cancers are locally destructive, they do not tend to metastasize (spread) to other parts of the body. Metastasis of basal cell carcinoma is extremely rare and usually occurs only in the setting of large, long-standing tumors in which the patient's immune system is compromised. Squamous cell carcinoma is somewhat more dangerous with a greater chance of the tumor spreading internally. Such spread is still infrequent. Melanoma is a very different and more serious type of skin cancer which has a higher potential for spreading internally.

#### *What does skin cancer look like?*

Basal cell carcinoma and squamous cell carcinoma often appear as small, flesh-colored, or pink bumps. They may also appear as a scaly, pink patch or have a very rough surface. A common description offered by patients is that of a "pimple that doesn't totally go away." Melanoma skin cancer is most often pigmented (brown), but may have areas that are pink, white and/or black. It may be asymmetric (one side not a mirror image of the other side) or have irregular borders. Other warning signs for melanoma include surface changes in a mole, scaliness, oozing, bleeding, a new bump, a change in pigmentation or a change in sensation (pain, itching, tenderness). The safest thing to do is to consult your physician if you are concerned about any area of your skin.

### *What causes skin cancer?*

Excessive exposure to sunlight is the single most crucial factor associated with the development of skin cancer. In addition, the tendency to develop these cancers appears to be hereditary in certain groups of people, especially those with fair complexions and poor tanning ability. Fair-skinned people develop skin cancers more frequently than people with darker skin, and the more sun exposure they receive, the more likely they are to develop skin cancer. Other factors include exposure to radiation, exposure to arsenic, and chronic scars. In certain instances, skin cancers can be more aggressive. Patients with abnormal immune systems (lymphoma, leukemia, organ transplant patients, etc.) tend to have aggressive tumors. Tumors in certain locations tend to be more aggressive as well, such as those located on the ears, lower nose, lips, and those around the eyes.

### *If my biopsy site has healed, does the skin cancer still need treatment?*

Yes. Just because the surface has healed after the biopsy, which does not mean the skin cancer is gone. A biopsy is a partial sampling to establish whether or not a growth is cancerous. From the surface, one cannot tell how deep or wide the cancer may extend since cancer cells are microscopic. Cancelling or postponing treatment can be dangerous and ultimately result in the need for more extensive surgery.

### *How is skin cancer treated?*

There are several common methods for treating skin cancer. The nonsurgical methods are cryotherapy (deep freezing), radiation therapy, photodynamic therapy (light with topical medication) and immunotherapy (chemotherapy). The surgical methods include curettage and electrodesiccation (scrape and burn), simple excision (cut out an ellipse and stitch immediately), and Mohs micrographic surgery. After reviewing information received from your doctor, you would be best treated with a simple excision.

## **PREPARING FOR EXCISION**

---

Shampoo your hair the night before or the morning of surgery if possible because your wound and the initial dressing may have to remain dry following surgery. Do not shave at the surgical site. The staff will shave the area on the day of surgery if necessary. Wear loose-fitting clothing and avoid pullover clothes. You may want to bring a sweater or jacket for your comfort in the waiting area since the office is often cool. If the site to be treated is on the face or neck, please do not wear make-up or jewelry in these areas. Please do not wear perfume or cologne.

**Diet:** *You do not need to fast for this procedure.* Avoid caffeine on the day of surgery, however decaf coffee and drinks are not a problem.

**Transportation:** Generally, you may drive yourself to our office on the day of surgery. However, if you feel you need oral sedation, arrange a ride to and from our office or have one companion accompany you. Due to space limitations in our waiting room, we request that you bring only one companion on the day of surgery.

**Alcohol:** Do not drink any alcoholic beverages for 48 hours before surgery and for 48 hours after surgery since this can thin your blood.

**Pain:** To minimize pain during surgery, we suggest taking Tylenol (acetaminophen) as prescribed on the bottle 30-60 minutes prior to your appointment.

**Medical History:** If not completed in advance, upon arrival at our office, you will be asked to complete a medical history form. Please bring a list of medications with their dosages, a list of your allergies and your reactions to the medications, past medical history with type of treatment, in addition to information regarding medical problems that arise in your family.

**Medications:** On the day of surgery, you should take the normal medications prescribed by your doctors, including blood thinners, unless instructed otherwise by an outside repair surgeon.

**Vitamins/Dietary Supplements:** Since several of these products can lead to bleeding problems, we strongly recommend that you stop taking all vitamins and supplements that were not prescribed by a physician 7 days prior to surgery and 7 days after surgery. It is okay to take a single multivitamin on the days preceding surgery and after.

**Caregivers:** If you require assistance at home with eating, using the restroom, or transferring, it is necessary for your caregiver to accompany you during your visit.

## **THE DAY OF EXCISION**

---

After completing the necessary paperwork, our staff will escort you into a surgical room, and we will obtain written consent for the procedure. The area will be marked along with the margin of normal skin to be removed. Photographs will be taken. You are encouraged to ask any questions that you may have prior to starting. Once all your questions are answered, we will anesthetize (numb) the area around the skin cancer with a local anesthetic injection. Some patients inquire about using a topical anesthetic prior to injection. Unfortunately, these very slow acting agents make the borders of the cancer very difficult to see. For this reason, use of these topical agents in this setting are likely to compromise the final outcome and are not used. Once anesthetized, the physician will then cut the tumor out in addition to a margin of normal skin. The sample will then be sent to an outside laboratory to be examined by a pathologist to ensure all of the cancer was removed and the margins are clear. We will call you with the results in 2 – 7 days, depending on the lab's processing time.

## **RISKS OF EXCISION**

---

Because each patient is unique, it is impossible to discuss all of the possible complications and risks in this handout. There will be a scar at the site of removal. We will make every effort to obtain optimal cosmetic results, but our primary goal is to remove the entire tumor.

The surgical wound created by removal of the skin cancer is often larger than the patient anticipates. Also, the elastic properties of the skin cause wound gaping so that the size of the hole in the skin is always larger than the size of the piece of skin which was removed. There is no way to predict prior to surgery the exact size of the final surgical wound. Typically, a linear scar must be three times longer than the width of the surgical wound to avoid lumpiness of the scar.

Although all surgery leaves a scar, sometimes this scar can spread or become thickened, depressed, or painful. This can improve over time on its own or attempts may be made to correct the problem. However, in some cases, truly little can be done without the risk of the same problem reoccurring.

### **Please understand that the following complications are the exceptions, not the rule:**

- Poor wound healing may occur, despite our best efforts. Many things influence how well you will heal (location of the tumor, bleeding, medications, poor physical condition, smoking, diabetes, or other medical problems). Scars are typically thin fine lines, however, occasionally they may be thickened, lumpy or they may spread or widen. Healing may be slow (particularly on the legs or scalp), or the wound may reopen. Under these uncommon circumstances, the wound will usually be left to heal on its own.
- There may be loss of motor (muscle) or sensory (feeling) nerve function. Numbness is often temporary but may be permanent. The lips and the scalp are areas where numbness is more common. Uncommonly, there is persistent pain following surgery. In other circumstances, the tumor spreads close to or invades nerve fibers. When this occurs, the nerves must be removed along with the tumor. Prior to surgery, the doctor will discuss with you any major nerves which may be near your tumor.
- The tumor may involve an important structure. Many skin cancers are near or on vital structures such as the eyelids, nose, or lips. If these structures are involved, portions of the structure may need to be removed with resulting cosmetic or functional deficits. In some cases, suturing a wound may involve movement or further removal of skin which makes up these vital structures.
- Although temporary swelling and bruising are quite common after surgery, long-lasting or permanent swelling is uncommon. In some cases this swelling is extreme. Some swelling resolves in days, while other swelling may take weeks or months to improve. In rare cases, some tissue swelling may not go away. If working on the face, swelling can be so significant that your eyes can swell shut.
- Rarely, wounds become infected and require antibiotic treatment. If you are at particular risk for infection, you may be given antibiotics prior to surgery or after completing surgery.
- Bleeding from the wound may be excessive during surgery. There may also be significant bleeding after surgery, but this is uncommon. If bleeding occurs under a sutured wound, it may impair healing.
- There may be adverse reactions to medications used before, during or after surgery. We will carefully screen you for any history of problems with medications, but new reactions may occur without warning.
- There is a small chance that your tumor may regrow after surgery. Previously treated tumors and large, long-standing tumors have a greater chance of recurrence than smaller tumors which have never before been treated.
- Smoking before or after surgery can lead to complications. Minimize smoking one week prior to and one week after surgery, but it is best not to smoke at all during this time.

• Feelings of sadness after surgery are not common but may happen to you. There may be asymmetrical or change in your appearance. If the patient has a positive attitude, this promotes relaxation and better healing. Stress and anxiety during the healing period only make matters worse. Any dissatisfaction should be addressed with Dr. Huether, but it may take weeks or months before judgment of final results can be made and possible solutions offered. Please understand that no face or body is perfectly symmetrical.

• As a final thought, although the surgeon may perform your surgery in a standard fashion, and although you may follow directions for wound care perfectly, still in some cases, the body may not heal as both the doctor or the patient would hope. These uncommon cases cannot be predicted in advance. Although it is impossible to guarantee the results of surgery, Dr. Huether will do everything possible to attempt to achieve satisfaction with your final appearance.

## **IMPORTANT FINAL REMINDERS**

---

- **DO** take several photographs (close up and two feet away) of each area we are to treat with your cell phone now while the wounds are pink or still healing. Bring these photos in on the day of surgery or email them in advance to [frontdesk@azskincancer.com](mailto:frontdesk@azskincancer.com). If you do not have a cell phone, you may skip this step.
- **DO** get a good night's sleep prior to surgery.
- **DO** take your usual medicines on schedule unless instructed otherwise.
- **DO** ask all questions you may have.
- **DO** inform us if you may be pregnant.
- **DO** inform us in advance if you are allergic to any local anesthetics.
- **DO NOT** consume any alcoholic beverages for 48 hours before surgery or 48 hours after surgery.
- **DO NOT** bring more than one companion with you on the day of surgery.
- **DO NOT** wear makeup if the surgery is on your face.
- **DO NOT** plan on any physical exercise for one week after surgery.

## **AFTER EXCISION**

---

### *Will I have pain and swelling?*

Most patients do not have severe pain following surgery. There will be mild to moderate discomfort over the first 24 to 48 hours, occasionally longer. Take two extra strength acetaminophen (Tylenol) and two ibuprofens (Motrin/Advil), all at the same time. Repeat every 6 hours as needed for pain. This combination offers pain control equal to that of narcotics. If you are unable to take ibuprofen (Motrin/Advil), please let our office know at the time of surgery. Expect significant swelling and bruising which may be extensive. Ice packs (or a bag of frozen peas or frozen corn) are very helpful for reducing pain and swelling. They should be used for 15 minutes of every hour (15 minutes on / 45 minutes off ). Expect swelling and bruising after surgery especially if treatment is near the eye and nose. If treatment is on the nose, you may experience nasal congestion and drainage. Nasal decongestants may be used.

### *Will the excision leave a visible scar?*

Yes. Every surgery will leave a scar. After the cancer is removed, we will discuss the follow options: (1) allowing the wound to heal by itself; (2) reconstructing the wound immediately with stiches. This decision is made on an individual basis only after the final size of the surgical wound is known. The length of the final scar may be greater than you think since most surgical scars must be three times longer than the width of the wound to avoid puckering of the skin.

### *What will I need to do after the excision?*

To help achieve the best possible outcome, please follow our directions carefully. It is best to stay within driving distance of our office for a full 7 days after your surgery. Your wound will require care during the days and weeks following surgery. Verbal and detailed written instructions will be provided depending on the type of reconstruction required, and you are always welcome to contact our office should you have any additional questions or problems. You should plan to wear a bandage for a minimum of one week, and you should plan to avoid physical activity such as bending, straining, lifting and exercise for 7 days. Please arrange your schedule in advance to avoid these activities. We will further clarify your specific instructions/restrictions on the day of surgery. If we are working on mouth/cheek/lip/chin areas, you will be asked to minimize mouth movement/stretching of these areas for 3 weeks.

### *What do I do if I have problems?*

Inform Dr. Huether immediately if you think you may be having a problem after surgery. Do not wait for potential problems to worsen. Do not go to the ER or call other doctors unless you are having a life-threatening problem; contact Dr. Huether first. His after-hours numbers will be given to you at discharge.

### *Will I need to come back?*

It varies with the size and location of your wound, but follow-up in our office may not be needed. However, we are always available for any concerns that arise, no matter how long it has been since surgery. If needed, you will be scheduled for follow-up with our nurse practitioner or Dr. Huether prior to leaving our office. Please realize that, if scheduled, this visit is important, and results can be compromised if scheduled appointments are not kept. You will return to your referring physician for routine skin check-ups. After having one skin cancer, statistics show that you have a higher chance of developing a second skin cancer. You should have your skin checked by your referring physician at least once each year, in some cases more often, not only to examine the treated skin cancer, but also to check for new skin cancers. Often the patient is the one who best knows his or her own skin. If you notice a new suspicious area, bring it to the attention of your physician as soon as possible.

### *How can I protect myself from developing additional problems?*

The best protection from skin cancer is to avoid the harmful ultraviolet rays of the sun. Even if you tan easily, the sun can contribute to skin cancer in two ways. First, sunlight damages the genes that control skin cell growth, and second, sunlight damages the body's immune system so that early cancers grow unchecked by the normal immune defense system. Once you have had a skin cancer, you are at greater risk for developing additional skin cancers. It is very important that you follow up with your referring doctor on at least an annual basis to look for additional skin cancers. Also, you must monitor your own skin on a monthly basis and immediately report any changing or suspicious lesions to your doctor since they could represent skin cancer.

## **TIPS TO HELP REDUCE YOUR RISK OF DEVELOPING MORE SKIN CANCERS:**

1. Use sunscreen daily with a sun protection factor (SPF) of at least 30 with both UVA/UVB protection. Several brands are combined with a moisturizer and do not have a greasy feeling.
2. When you know you are going to be outside for more than just a few minutes, apply sunscreen with the highest SPF that you can find (up to 110 SPF). Do not forget to reapply the sunscreen every 2 hours while outside; even products labeled "waterproof" must be reapplied. Remember to apply it to often missed areas: ears, neck, backs of hand, etc.
3. Avoid sun exposure during midday hours (9 am to 4 pm) when the ultraviolet rays are most powerful.
4. Remember to apply sunscreen even on cloudy days since ultraviolet light penetrates easily through the clouds.
5. Wear sun-protective gear such as a broad-brimmed hat, sunglasses and long-sleeved shirts or pants.
6. Do not forget to protect your lips with lip balm containing sunscreen.
7. Seek shade wherever and whenever possible.

Revised 11/15/23



# DIRECTIONS TO OUR OFFICE

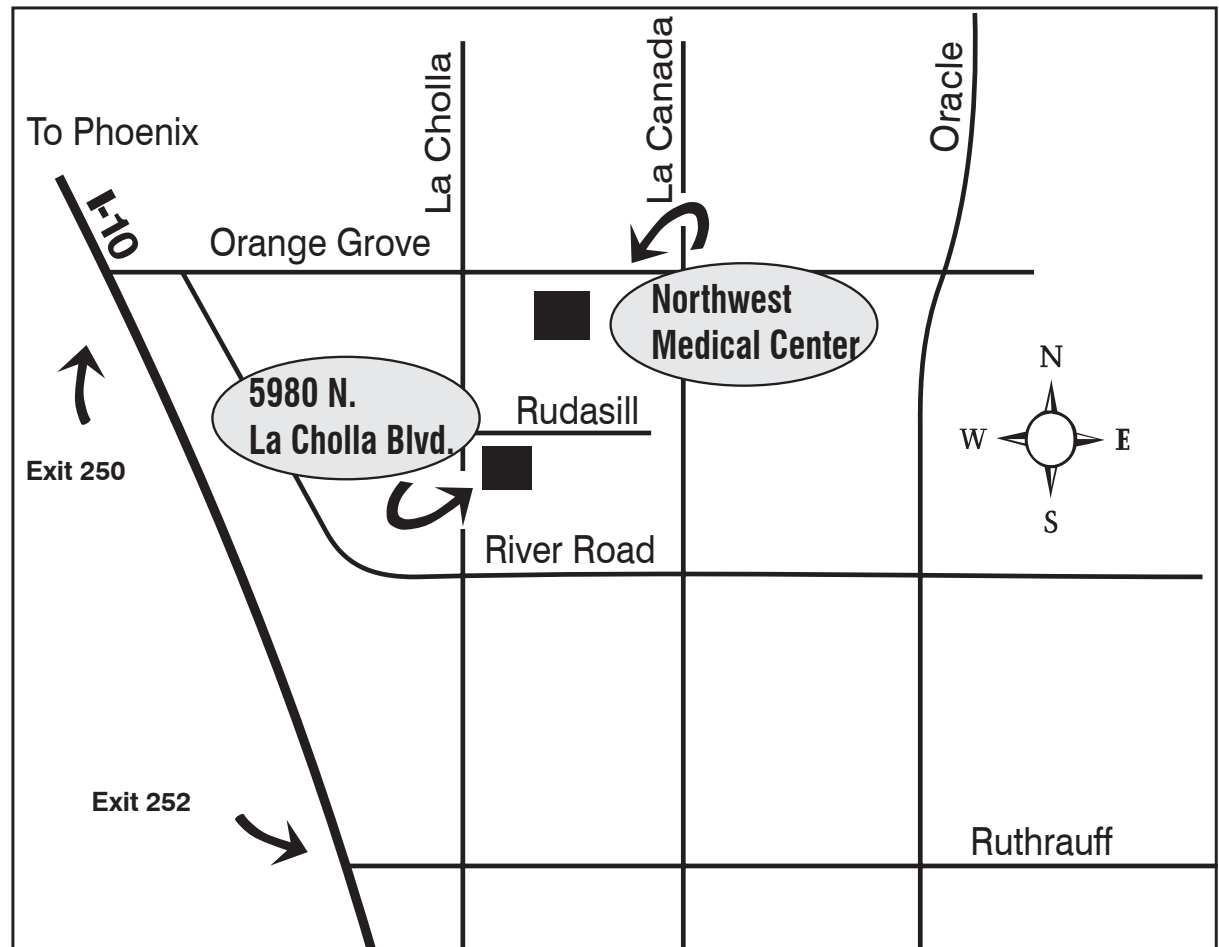
**Our address is 5980 N. La Cholla Boulevard.** Our office is on the east side of La Cholla Blvd, north of River Road and south of Orange Grove Road. We are located two blocks south of Northwest Medical Center, at the corner of Rudasill and La Cholla. This is approximately 0.5 miles south of the Foothills Mall.

**Interstate 10 (I-10) from the south:** Take Ruthrauff exit (Exit # 252) and turn east (right). Proceed approximately 1 mile to La Cholla Blvd. Turn north (left) on to La Cholla and proceed past River Road to the stop light at Rudasill and La Cholla. Turn right at the light, then immediately right again into our parking lot.

**Interstate 10 (I-10) from the north:** Take the Orange Grove Road exit (Exit # 250). Turn east (left) and proceed approximately 1.5 miles on Orange Grove Road to La Cholla Blvd. Turn south (right) and proceed 0.5 miles to Rudasill Road. Turn left at the stop light, then right into our parking lot.

## *Public Transportation*

Sun Tran Route 61 stops just north of the corner of Rudasill and La Cholla. Please contact Sun Tran at 520 792 9222 for exact times and fares.



**MICHAEL J. HUETHER, M.D.**

**5980 North La Cholla Blvd., Tucson, Arizona 85741-3535**

**520-887-3333 520-887-3344 Fax**

**[www.azskincancer.com](http://www.azskincancer.com)**