

CONSENT FOR BIOPSY PROCEDURE

Patients name

Date

*[Please initial each paragraph after reading. If you have any questions, please ask your doctor **BEFORE** initialing]*

You have the right to be given pertinent information about your proposed surgery so that you may make an informed decision as to whether or not to proceed. A biopsy is a surgical procedure whereby a sample of tissue is taken for microscopic study to determine if it is normal.

In your case, the area of concern is:

It is planned to:

- Remove the suspected tissue totally. If the biopsy report is suspicious, it may be necessary to return to the area to remove additional tissues to obtain a margin of safety

Or

- Remove only enough tissue to get a good sample. Leaving the remaining tissue behind. (This is usually done when the lesion is large, it is suspected to be benign, or the removal of all of it at this time would be unnecessarily difficult). However, if the biopsy report is suspicious, repeat biopsies and/or the entire lesion may have to be removed later.

I understand that a biopsy requires an incision(s) in my mouth or on the skin which will require stitches, and sometimes the removal of bone tissue. It has been explained that there are certain risks associated with the surgery, including (but not limited to):

- A. Post-operative discomfort and swelling that may require several days of at home recuperation.
- B. Prolonged or heavy bleeding that may require additional treatment.
- C. Post-Operative infection that may require additional treatment.
- D. Stretching of the corners of the mouth that may cause cracking and bruising and which may heal slowly.
- E. Restricted mouth opening for several days. Sometimes related to swelling and muscle soreness and sometimes relation to stress on the jaw joints (TMJ).
- F. Reactions to medications, anesthetics, sutures, etc.
- G. Injury to sensory nerve branches in the area of the biopsy which may result in pain or a tingling or numb feeling in the lip, chin, tongue, cheek, gums or teeth, or in areas of the skin of the face. Usually this disappears slowly over several weeks or months, but occasionally the effects may be permanent.

I understand that no guarantee can be promised and I give my free and voluntary consent for treatment. My signature below signifies that all questions have been answered to my satisfaction regarding this consent and I fully understand the risks involved in the proposed surgery and anesthesia. I certify that I speak, read and write English.

Parent's (Legal Guardian) Signature

Date:

Doctor's Signature

Date:

Witness's Signature

Date: