Perio & Implant at Washington Metro

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BIOPSY WITH LOCAL ANESTHESIA PATIENT INFORMATION CONSENT FORM

I understand that due to the type of lesion I have, my dentist has recommended that I undergo a biopsy, which is a procedure in which a portion of the lesion will be removed. The expected result of this procedure is to adequately diagnose the lesion type.

I understand that there are risks and complications associated with this procedure, which include but are not limited to infection, need for another biopsy to be performed, and scarring.

Understanding all of the above, I hereby provide my informed consent to the treating doctor and his/her assistants to perform a biopsy. I understand that in the course of the biopsy it may become necessary to perform additional procedures which are not known to be needed at this time. I hereby provide my informed consent to the treating doctor to perform such additional procedures at his/her discretion if needed during my biopsy.

I consent to having local anesthesia. I understand the performance of diagnostic studies relating to my biopsy will be performed by other medical/dental professionals.

I confirm with my signature that:

- My dentist has discussed the above information with me.
- I have had the chance to ask questions.
- All of my questions have been answered to my satisfaction.
- I do hereby consent to the treatment described in this form.

Relationship to Party

I confirm with my signature that I have discussed with the above-named patient the risks, potential complications, and intended benefits of the biopsy, as well as alternatives. The patient has had the opportunity to ask questions, all questions have been answered, and the patient has expressed understanding. Thus informed, the patient has requested that I perform a biopsy upon him/her.

_____ _____

Signature of the Dentist (Date) **Signature of the Patient (Date)**

_____ _____

Witness (Date) **Relationship to Patient**