



**DC Perio & Implants**  
— PLLC —

### **Biopsy Refusal Form**

I, \_\_\_\_\_, am electing to defer an oral biopsy, though this procedure was believed clinically indicated by my doctor. I understand that an oral biopsy is a minor, but important, procedure used to precisely identify otherwise nonspecific abnormal conditions of the mouth and associated tissues. I further understand that in the absence of this simple procedure:

- The possibility of a malignancy cannot be entirely excluded
- The etiology of the suspicious oral tissue cannot be accurately characterized

Finally, I am aware that in the absence of a precise diagnosis, an appropriate and evidence-based treatment plan may not be possible.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date