



Informed Consent for Biopsy with Local Anesthesia

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 risk 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 request that and herby 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 at his/her request that and herby provide my informed consent to the treating doctor to perform such 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 herby consent to the treatment described in this form

Signature of Responsible party

Date

Print Name of Patient

I confirm with my signature that I have discussed with above-named patient the risk, potential complications, and intended benefits of the biopsy, as well as alternative. 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 perform a biopsy upon him/her.

Signature of Dentist

Date

Witness to Signatures Only

Date