



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:

\_\_\_\_\_ A. 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:

\_\_\_\_\_ B. 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, the entire lesion may have to be removed later.

\_\_\_\_\_ 1. I understand that a biopsy requires an incision(s) in my mouth 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):

\*Post-operative discomfort and swelling that may require several days of at-home recuperation.

\*Prolonged or heavy bleeding that may require additional treatment.

\*Post-operative infection that may require additional treatment.

\*Restricted mouth opening for several days.

\*Reactions to medications, anesthetics, sutures, etc.

\*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.

\*There is always a possibility of the lesion recurring in the same area, even when it appears to be totally removed.

\*Damage to adjacent structures which may require additional treatment.

\*Other: \_\_\_\_\_

\_\_\_\_\_ 2. It has been explained to me that during the course of surgery unforeseen conditions may be revealed which may necessitate extension of the original procedure or a different procedure from that planned. I authorize my doctor to perform such additional procedures as are necessary in the exercise of professional judgment.

\_\_\_\_\_ 3. I understand that I may be given appointments for long-term follow-up care after my biopsy, even if the biopsy report is benign. I recognize the importance of returning for such follow-up which, if not done, may allow progression of my condition to a state requiring additional care or further surgery, or the lesion may recur and become a threat to my health. I agree to comply by regularly scheduling exams as instructed and to notify this office if I suspect a change in my condition.

\_\_\_\_\_ 4. 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 procedure(s). I certify that I speak, read and write English.

\_\_\_\_\_  
Patient's (or Legal Guardian's) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Name

