

Biopsy Consent Form

Patient: _____

A biopsy is a surgical procedure where the tissues of the mouth or face are removed for pathologic examination. The tissues may be partially removed (incisional biopsy) or completely removed (excisional biopsy). This decision is made by your Dentist, based on the size, location and degree of suspicion that the tissue demonstrates. In general, a biopsy is not a cure for a disease, but rather, a diagnostic procedure where the tissue is submitted to a Pathologist for their evaluation and diagnosis. Appropriate treatment, surgical or drug-based, is only speculative until the pathologist's final diagnosis. It is important to remember that while a biopsy is a minor surgical procedure, it still carries surgical risks which include, but are not limited to:

1. Pain in the area of the biopsy site which may be severe or prolonged.
2. Possibility of infection requiring antibiotics.
3. Scar formation in the area of surgery.
4. Changes in pigmentation or color of tissues.
5. Prolonged bleeding from the area of surgery.
6. Need for additional biopsy, dependant upon the pathology report.

I understand the reason for the proposed surgical biopsy and have read and accept the risks/benefits as outlined by my Dentist, and in this document. I have had adequate opportunity to discuss the procedure with my Dentist.

Signature of Patient/Guardian

Date

Refusal to Biopsy

I understand that by my refusing a biopsy, I risk the complications associated with the progression of a disease, which may include, serious or life-threatening illness and, in some cases, death. Despite my Dentist's recommendation, I decline this procedure.

Signature of Patient/Guardian

Date