Informed Consent for Biopsy

# Recommended Treatment

I hereby give consent to Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to perform Biopsy procedure(s) on me or my dependent as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Recommended Treatment”) and any such additional procedure(s) as may be considered necessary for my well- being based on findings made during the course of the Recommended Treatment. The nature and purpose of the Recommended Treatment have been explained to me and no guarantee has been made or implied as to result or cure. I have been given satisfactory answers to all of my questions, and I wish to proceed with the Recommended Treatment. I also consent to the administration of local anesthesia during the performance of the Recommended Treatment.

# Treatment Alternatives

Alternative methods of treatment have been explained to me, such as: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
but I wish to proceed with the Recommended Treatment described above.

# Risks and Potential Complications

I understand that there are risks and potential complications associated with the administration of medications, including anesthesia, and performance of the Recommended Treatment. These risks and potential complications, include, but are not limited to, the following:

1. Drug reactions and side effects.
2. Post-operative pain, bleeding, oozing, soft tissue infection and/or bone infection.
3. Bruising and/or swelling, restricted mouth opening for several days or weeks, or, rarely, longer.
4. Delayed healing, necessitating post-operative care.
5. If you are taking medications to make your bones stronger (such as bisphosphonates) or if you have received radiation therapy to the head or neck area for tumors/cancer, then you are at a higher risk for poor bone healing or bone loss that may never completely resolve and which may require surgery or other treatment.
6. Regrowth of the tissue which was removed in the biopsy.
7. As a result of the Lidocaine injection or use of other local anesthesia, there may be swelling, jaw muscle tenderness or even resultant tingling/numbness/pain (possibly of an electric shock nature) of the tongue, lips, teeth, jaws and/or facial tissues, which is typically temporary, but in rare instances, may be permanent; this may include alteration or loss of taste.
8. Depending upon the results of the biopsy, further treatment may be required, to better obtain a diagnosis and/or to remove additional tissue.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Signature: |  | | | Date: |  | |
|  | Patient/Parent/Guardian | | |  |  | |
| Relationship (if patient a minor): | | |  | | | |
| Witness (signature): | |  | | | |

This document is a sample form provided by MedPro Group and should not be construed as medical or legal advice. Because the facts applicable to your situation may vary, or the laws applicable in your jurisdiction may differ, please contact your attorney or other professional advisors if you have any questions related to your legal or medical obligations or rights, state or federal laws, contract interpretation, or other legal questions.

MedPro Group is the marketing name used to refer to the insurance operations of The Medical Protective Company, Princeton Insurance Company, PLICO, Inc. and MedPro RRG Risk Retention Group. All insurance products are administered by MedPro Group and underwritten by these and other Berkshire Hathaway affiliates, including National Fire & Marine Insurance Company. Product availability is based upon business and regulatory approval and may differ among companies. Visit [medpro.com/affiliates](http://medpro.com/affiliates) for more information. ©2019 MedPro Group Inc. All rights reserved.