



CONSENT FOR BIOPSY

Area: _____

I understand that the planned procedure to which I am consenting is:

- ☐ **Excisional biopsy** removing the clinically suspicious lesion. I understand that 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.
- ☐ **Incisional biopsy** removing only enough tissue to get a good sample, leaving 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.

I hereby authorize Dr. Tuan Nhu to perform a surgical biopsy procedure and to send the specimen collected to the pathology laboratory of his choice. I also understand that Dr. Nhu is not a specialist (oral surgeon, periodontist, otolaryngologist, or head and neck surgeon), and I am declining immediate referral to a specialist at this time. I further understand that Dr. Nhu may cease treatment and make a referral to a specialist should any unanticipated difficulty or untoward event occur during or after treatment, or if a histological diagnosis requiring further care is indicated, at my additional expense. I acknowledge that no guarantees regarding the outcome of this treatment have been made.

I understand that a biopsy is a surgical procedure whereby a sample of tissue is taken for microscopic study to determine if it is normal. I understand that a full-thickness incision will be made, and sutures may or may not be placed, depending on the situation.

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.
- Stretching of the corners of the mouth that may cause cracking and bruising and may heal slowly.
- 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, which may be permanent.
- Possible recurrence of the lesion, even when it appears to be totally removed.
- Scar formation

If I am taking any anticoagulant medication such as warfarin (Coumadin), aspirin, or any blood-thinning supplements, I have informed Dr. Nhu and acknowledge that we have discussed the risks of prolonged bleeding times. I understand that if bleeding does not stop in a reasonable time period that I will need to seek care at the nearest Emergency Room at my own expense.

I also understand that purified tissue regeneration materials from pig, cow, human cadaver, or of a synthetic nature may be used during the surgery to enhance the outcome of the procedure. These materials and their use as well as reasonable risks have been discussed with me. I further understand that I have the right to decline the use of these materials.

I understand that smoking will compromise the results of my surgery, may create complications, and may cause a delay in healing.

Patient Signature: _____

Date: _____

Dentist Signature: _____

Date: _____

Witness: _____

Date: _____