

Informed Consent for Biopsy with Local Anesthesia

Patient Name:
Last First MI Preferred Name

I understand that due to the type of lesion I have, Dr. Williams 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 risks 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 hereby provide my informed consent to Dr. Williams and his 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 the time. I request that and hereby provide my informed consent to Dr. Williams to perform such procedures at his discretion if needed during my biopsy.

I consent to having to having local anesthesia. I understand the performance of diagnostic studies relating to my biopsy will be performed by other medical/dental professionals and that there will be a separate fee incurred for those studies.

I Confirm With My Signature that :

My dentist has discussed the above information with me

I have had the chance to ask questions and they have been answered to my satisfaction

I do hereby consent to the treatment described in this form

Response Date: