

North Island Dental Arts
1613 Hillside Ave
New Hyde Park NY
Dr Jennifer Hill
CONSENT FOR BIOPSY PROCEDURE

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Patient's Name Date

PLEASE INITIAL EACH PARAGRAPH AFTER READING. IF YOU HAVE ANY QUESTIONS,
PLEASE ASK YOUR DOCTOR BEFORE INITIALING

You have the right to be given information about your proposed surgery so that you may make an informed decision to have or not have surgery. A biopsy is a surgical procedure where 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:

_____ Take out all the suspected tissue. If the biopsy report is suspicious for disease, we may need to take more tissues to get a margin of safety.

OR _____ Remove only enough tissue to get a good sample, leaving the rest behind. (This is usually done when the lesion is large, there is no cancer suspected, or the removal of all of it this time would be unnecessarily difficult.) However, if the biopsy report is suspicious for disease, the entire lesion may have to be removed later.

Alternative treatment: methods include: _____

_____ 1. I understand that a biopsy requires a cut(s) in my mouth or on the skin that will need stitches, and sometimes the removal of bone tissue. My doctor has told me that there are certain risks that can occur with the surgery, including (but not limited to):

_____ A. Post-operative pain and swelling that may require several days of at home recuperation.

_____ B. Bleeding that is heavy or may last a long time that may need additional treatment.

_____ C. An infection after the procedure that may need more treatment.

_____ D. Stretching of the corners of the mouth that may cause cracking and bruising and which may heal slowly.

_____ E. A difficulty in opening the mouth for several days. This is sometimes due to swelling and muscle soreness and sometimes to stress on the jaw joints (TMJ).

_____ F. Reactions to medications, anesthetics, sutures, etc. CONSENT FOR BIOPSY PROCEDURE

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____G. Injury to the nerves in the area of the biopsy which may result in pain or a tingling or numb feeling in the lip, chin, tongue (including the possibility of loss of taste sensation), cheek, gums or teeth, or in areas of the skin of the face. Usually this disappears slowly over several weeks or months, but sometimes the effects may be permanent.

____H. If bone tissue is removed, healing may take longer, some complications may be more likely (for example, bleeding). And the biopsy report may take longer due to special processing requirements.

____I. Opening into the sinus (a normal hollow place above the upper back teeth) needing more treatment.

____J. There is always a possibility that the lesion might come back in the same area, even when it appears to be totally removed.

____K. Other: _____

____2. If my doctor finds a different condition than expected and feels that a different surgery or more surgery needs to be done, I agree to have it done.

____3. I understand that I may need to come back to see the doctor for follow-up for a long time, even if the biopsy report shows no cancer. I understand that if I need to and don't return for follow-up, my condition may get to a point where I might need more care or more surgery, or the lesion might come back and be a threat to my health. I agree to schedule exams as instructed by the doctor and to tell the doctor if I think there is a change in my condition.

____4. I authorize the doctor to take photographs that will be used for clinical purposes, including also scientific or medical publications.

The anesthesia I have chosen for my surgery is:

____Local Anesthesia (numbness)

____Local Anesthesia with Nitrous Oxide/Oxygen (Laughing Gas)

____Local Anesthesia with oral sedation (relaxing pill)

____Local Anesthesia with intravenous sedation or General Anesthesia

I understand that certain anesthesia risks include but are not limited to unfavorable reactions to anesthetic

drugs, nausea, vomiting, allergic reaction, even cardiac arrest.

CONSENT

I understand that my doctor can't promise that everything will be perfect. I have read and understand the above and give my consent to surgery. I have given a complete and truthful medical history, including all

medicines, drug use, pregnancy, etc. I certify that I speak, read and write English. All of my questions have been answered before signing this form.

Patient's (or Legal Guardian's) Signature Date

Doctor's Signature Date

Witness' Signature D