

# EXCLUSIVE ORAL SURGERY, LLC

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## 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 out 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 at 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.
  - \_\_\_\_\_ 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.
- \_\_\_\_\_ 2. It is likely that your procedure will include local anesthesia. Local anesthesia is a shot given to block pain in the area to be worked on.
- \_\_\_\_\_ 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. It is understood all encounters at Exclusive Oral Surgery LLC, including my consultation/surgery/follow-up/phone calls may be recorded for the purpose of training and/or documentation. This recording may become part of my permanent dental record or may be discarded at the sole discretion of the dental office.

**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.

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

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Doctor's Signature Date

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Witness' Signature Date