

OFFICE PROCEDURE CONSENT FORM

Procedure: Cervical/vaginal/vulvar biopsy

Indications: Lesion of cervix, or abnormal skin changes

Alternative Treatments: Biopsy at ambulatory surgery center under anesthesia, no biopsy

Risks: Bleeding, cramping, discomfort, minor or major infections.
Rarely, these could require hospitalization and/or additional surgery.
Additionally, the biopsy results may be inconclusive or falsely negative.

Other: _____

I have read and understand the potential risks and benefits. All of my questions regarding the procedure have been answered to my satisfaction and I desire to proceed with the procedure.

Patient Signature

Witness Signature

Print Patient Name

Physician Signature

Date