

OFFICE PROCEDURE CONSENT FORM

Procedure: Colposcopy with cervical biopsy and/or endocervical curettage

Indications: Abnormal Pap smear, previous abnormal Pap smear, lesion cervix, postcoital bleeding, etc.

Alternative Treatments: Observation, no treatment, loop electrosurgical excision procedure (LEEP), no biopsy.

Risks: Bleeding, cramping, discomfort, minor or major infections. Rarely, these could require hospitalization and/or additional surgery. Occasionally, the procedure will be diagnostic only; where no disease is present or the disease is inoperable. Additionally, the procedure may not cure the disease, or the biopsy results may be uncertain 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