

OFFICE PROCEDURE CONSENT FORM

Procedure: Endometrial Biopsy

Indications: Abnormal bleeding, infertility, abnormal cells on Pap smear

Alternative Treatments: D&C, ultrasound, HSG, no evaluation

Risks: Bleeding, cramping, discomfort, minor or major infections, uterine perforation. Rarely, these could require hospitalization and/or additional surgery. The biopsy results may be uncertain or falsely negative. Additional testing could be required, such as hysterosalpingogram or dilatation and curettage.

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