

\_\_\_\_\_  
Patient Name

**Information Sheet for Soft and Hard Tissue Biopsy**

**1. What is informed consent:** It is very important for you to understand your disease and the necessary procedures that you will undergo in treating your condition. We want you to be aware of all the advantages and disadvantages of each procedure as well as alternatives. This document in no way obligates you to any treatment. It is meant solely to inform. We hope it will answer your questions or generate new ones which we will be glad to discuss with you.

**2. Why do I need a biopsy?** You have an abnormal area that requires microscopic evaluation to help or confirm a diagnosis. Early diagnosis can be critical. Although most biopsies reveal benign conditions, a remote possibility exists that your problem is serious.

**3. Submission?** The involved tissue will be sent to a pathologist for examination. We will contact you when we receive a report. The pathology lab will be billing you separately.

**4. Will it hurt?** You will feel slight pressure during the procedure, but you will not feel pain. If you feel anything more than pressure, let the doctor know immediately. There is potential for discomfort after the procedure. We may give you a prescription if your condition warrants.

**5. Are there risks to surgery?** Complications not common and some are extremely rare. Possible problems which could arise are listed below.

- bleeding which may be difficult to control
- bruising
- pain and swelling
- infection
- nerve damage (partial or complete numbness or pain)
- damage to the bone, ridge or jaw
- allergy to medication or anesthetic
- anesthetic complications
- irreversible loss of tissue

**6. Complications:** With all surgical procedures, complications beyond what has been listed can occur that are unforeseen, complex and serious. These situations may require the referral to other health professionals and may require hospitalization.

**7. Results:** You will be contacted by the doctor when the results are received. If the biopsy reveals a concern that is beyond the scope of our practice, you will be referred. REMEMBER, almost all results are benign, but many benign conditions will need follow-up. You may also need an additional biopsy.

**8. Conclusion:** I have been fully informed of the nature of therapy, the procedures to be utilized, the risks and benefits, the alternatives available and the necessity for follow-up and self care. I have had an opportunity to ask any questions I may have in connection with the treatment and to discuss my concerns with my periodontist. After thorough deliberation, I hereby consent to the performance of therapy as presented to me during consultation and in the treatment plan presentation. I also consent to the performance of such additional or alternative procedures as may be deemed necessary in the best judgment of my periodontist.

**9. Additional comments:**  
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*I certify that I have read and fully understand this document.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Printed Name

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Printed Name of Witness