



CALL US TODAY (478) 745-3014

CONSENT FORM FOR PERINEAL/VAGINAL/VULVA BIOPSY

This procedure involves taking skin sample or sample from the skin of the external genitals. It may be accomplished by electrical excision, or by scalpel excision without electricity. Destruction of lesions can be accomplished by application of caustic (burning) chemicals, electro surgery, or cryosurgery (freezing).

The risk and complications of the procedure include, but are not limited to: infection, allergic reactions, drug reactions, bleeding, pain and discomfort, scarring of the skin with the possibility of poor cosmetic result, possible need for re-excision. The nature of the procedure and the reason for performing it has been explained to me.

I am aware that other unexpected risks or complications not discussed may occur and that no guarantees or promises were made concerning the results of any procedure or treatment. I am also aware that during the proposed procedure, unforeseen conditions may be revealed requiring the performance of additional procedures.

I have read the above risk and complications of Perineal/Vaginal/Vulva biopsy. I have had the opportunity to ask any questions of my doctor and have received acceptable answers to my questions. I consent to the procedure.

Name of healthcare provider explaining procedure

Date

Signature of Patient or Legal Representative

Date

DOB

Printed Name and Signature of Witness

Date