



**PATIENT AGREEMENT AND INFORMED CONSENT FOR**  
**BIOPSY**

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This Patient Agreement contains important information about your planned biopsy). BY SIGNING THIS PATIENT AGREEMENT, YOU ACKNOWLEDGE THAT YOU HAVE READ AND AGREE TO ALL OF THE TERMS AND CONDITIONS IT CONTAINS. Please read carefully and ask questions about any areas that are unclear:

Dr. Petty recommends the following biopsy/biopsies:

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I have reviewed the written and visual information provided to me.

Dr. Petty and/or his staff have explained to me the proposed treatment. I understand that there is the option of no treatment. The risks of no treatment have also been explained to me and include pain, infection, need for antibiotics, eventual loss of tooth/teeth, possible progression of lesion, etc.

I understand that there are certain potential risks and complications with the recommended biopsy, anesthesia (freezing) and proposed drugs that may be recommended/prescribed to me.

These include but are not limited to:

1) **PAIN:** Usually peaks in the first 2 days following surgery and can be controlled by the medication that Dr. Petty recommends (e.g. Advil/Motrin [ibuprofen], Tylenol [acetaminophen]) or prescribes. They may be taken to relieve the pain (please read the package insert for dosages). These medications when taken on an empty stomach can cause stomach upset, nausea, etc. Please try to take your pain medication with food or fluids.

2) **BLEEDING, BRUISING and SWELLING:** Minimal bleeding after the surgery is normal. This can be controlled by local measures placed by Dr. Petty (e.g. sutures) or provided by you (e.g. pressure produced by biting on gauze). Some swelling is normal and it will begin to subside after approximately 48 hours. If the bleeding or swelling is excessive please contact us as soon as possible. Bruises may persist for a week or so.

3) **INFECTION:** May occur after the surgery. No matter how carefully surgical sterility is maintained, it is possible to develop an infection. This is because the mouth is a non-sterile environment. The infection may require the use of antibiotics and/or surgical drainage. Should severe swelling occur, especially if accompanied by fever or malaise, please call Trey Petty Oral Health as soon as possible.

4) **DAMAGE TO NERVES:** May result in temporary (weeks/months/a year) or permanent numbness or tingling (extremely rare) to the lower lip, tongue, gums and/or chin. It can result from the surgical procedure or anesthetic (freezing) administration.

5) **SCAR FORMATION / CHANGE IN COLOUR OF TISSUE:** May form in the area of the biopsy.

6) **ADDITIONAL BIOPSIES:** Dependant upon the pathology report.

7) **REOCCURRENCE:** When the lesion appears to be completely removed, there is always a possibility that it might come back in the same area,

8) **UNUSUAL REACTIONS TO MEDICATIONS GIVEN OR PRESCRIBED:** Mild to severe reactions, may occur from the anesthetics (freezings) or other medications administered, recommended or prescribed. Prescription drugs must be taken according to the instructions. Women who are using oral contraceptives must use another form of birth control, as antibiotics can render these contraceptives ineffective.

**I HAVE READ THIS PATIENT AGREEMENT AND INFORMED CONSENT. I HAVE HAD ALL MY QUESTIONS ANSWERED TO MY SATISFACTION AND I FULLY UNDERSTAND THE TERMS OF THIS AGREEMENT. I GIVE DR. PETTY PERMISSION TO DO THE ABOVE LISTED PROCEDURES.**

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dentist Signature: \_\_\_\_\_ Date: \_\_\_\_\_