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Periodontics and Dental Implants
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Consent for Biopsy

Due to the presence of a suspicious intraoral lesion, a biopsy has been recommended. The biopsy will either be incisional (removing a small piece) or excisional (removing the lesion in its entirety). The extent of removal will depend on the initial size and location. After removing the lesion, or part of the lesion, the sample will be sent to a Pathology lab for histological analysis. Once we receive the histological diagnosis, follow-up and possible further treatment may be needed.

You have the right to be informed about your diagnosis and planned surgery so that you can make a decision whether to undergo the procedure after knowing the expected outcome, risks and hazards. This disclosure is not meant to alarm you; it is simply an effort to provide understanding, so you can give your informed consent to the procedure.

Possible complications: soreness, swelling, bruising and restricted mouth opening during healing, sometimes related to swelling and muscle soreness and sometimes related to stress on the jaw joints (TMJ), especially when TMJ problems existed prior to surgery, bleeding, usually controllable, but which may be prolonged and require additional care, drug reactions or allergic reactions, possibly requiring additional treatment, infection, possibly requiring additional treatment.

Drug Effects After Surgery: I have been informed that prescribed medications may cause complications such as drowsiness, nausea, disorientation either alone or in combination with alcohol and/or other medications. I agree not to drive or operate machinery within twelve hours of taking any pain controlling medication. If sedatives are administered during surgery, I agree to have a responsible adult drive me to Dr. Robinson's office and back home from the surgery and stay with me the remainder of the day.

For women: If antibiotics are prescribed, they may interfere with the efficacy of birth control pills and an alternative method of birth control should be utilized for the duration of the antibiotic usage and throughout the present menstrual cycle.

I certify that I have fully read and understand the above consent to the surgical treatment. I give my permission for this surgical biopsy procedure to be performed.

Signature of Patient/Parent/Guardian

Date

Signature of a Witness

Date