GREEN DENTAL
CHANGING FACES, CHANGING LIVES.

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Consent for Biopsy Procedure

After a careful oral examination and study of my oral condition, my dentist has advised me that I have an area of abnormal soft and/or hard tissue in the oral cavity or associated areas. In order to have an exact diagnosis made of the soft and/or hard tissue, a surgical biopsy will need to be performed to help treat the condition and improve oral health.

The purpose of a biopsy is to remove the abnormal tissue and send it to an oral pathologist who will look at the tissue under a microscope and determine the extent of the abnormality. A written report will be returned to Green Dental and we will be notified of the results within a reasonable amount of time (usually 1 week).

The biopsy procedure will require small incisions within the mouth which sometimes require stitches. As with any surgical procedure, there are risks and complications that can result from the surgery. These complications may include, but are not limited to:

1. Post-operative pain and swelling that may require several days of at home recuperation
2. Bleeding that is heavy or may last a long time
3. An infection after the procedure that may need treatment
4. Stretching of the corners of the mouth that may cause cracking and bruising and which may heal slowly.
5. Injury to the nerves in the area of the biopsy which may result in pain or a tingling or numb feeling in the lip, chin, tongue, cheek, gums or in areas of the skin of the face.
6. If bone tissue is removed, healing may take longer, some complications may be more likely (such as bleeding), and the biopsy report may take longer due to special processing requirements.
7. There is always a possibility that the lesion might come back in the same area, even when it appears to be completely removed.

By singing below, I acknowledge that the above has been explained to my satisfaction, my questions have been answered, and I understand the benefits and risks of an oral biopsy. I am fully aware that a perfect result cannot be guaranteed or warranted. I also understand I must follow all pre-operative and post-operative instructions in order to help achieve optimal results and aid healing in relation to medical conditions, dietary and nutritional problems, smoking, alcohol consumption, inadequate oral hygiene, and medications. I also understand that I may need to come back to see the doctor for follow up care. My signature indicates my understanding of my proposed treatment and I hereby give my willing consent to the surgery.

Patient's name:_____

Signature of patient (or legal guardian):_____

Date:_____