

INFORMED REFUSAL OF BIOPSY



Patient's Name

Date of Birth

This form and your discussion with your doctor are intended to help you make informed decisions about your surgery. As a member of the treatment team, you have been informed of your diagnosis, the planned procedure, the risks, benefits, and alternatives associated with the procedure, and any associated costs. Early detection of premalignant abnormalities and cancer at an early stage is important and can have a more successful outcome. Having a biopsy done can confirm whether or not the area needs immediate treatment and/or follow up. You should consider all of the above before declining to have a biopsy. Your doctor will be happy to answer any questions you may have and provide additional information before you decide whether to sign this document and proceed with the procedure. Dr. _____ has completed a visual inspection of the oral cavity and is recommending a biopsy for _____, and has explained the reasons why having the biopsy is needed and is in my best interest. The doctor has also explained the importance of follow up visits or care, additional evaluation, treatment or surgery, and/or hospitalization that may be needed.

Risks of Not Having the Biopsy

A biopsy is needed to confirm the existence of abnormal cells which can be a sign of carcinoma. With every biopsy, treatment depends on the results of the tissue diagnosis. Without having a biopsy done, the existence of carcinoma cannot be confirmed or ruled out. Further treatment may be necessary and will be reviewed with your treating surgeon. I understand by declining to have a biopsy done, there can be a delay of diagnosis and treatment of squamous cell carcinoma. I understand that my condition may also worsen as a result and/or require additional therapy, hospitalization or, in rare circumstances, my condition may be life threatening if left untreated. Additional complications include, but are not limited to: _____

Acknowledgement

I, _____, acknowledge that my condition has been evaluated and explained to me by my doctor, who has recommended treatment, as stated above. The risks of my refusal of care have also been explained to me, and I fully understand them. I have had an opportunity to ask questions and have had them answered. With this understanding, I refuse to consent to having a biopsy. I realize I may reconsider my decision at any time by notifying my doctor.

I have read this document in its entirety and I fully understand it.

Signature of Patient or Legal Representative/Relationship

Date

Signature of Doctor

Date

Signature of Witness

Date