

Consent for Biopsy Procedure

I, [REDACTED], hereby give my consent to undergo the biopsy procedure as explained to me by Dr. [REDACTED].

Patient Information

Date of Birth: [REDACTED]

Procedure Location: [REDACTED]

Procedure Details

I have been informed about the nature, purpose, and possible risks and complications of the biopsy procedure. My questions have been answered to my satisfaction.

Consent

I understand the information and consent to the procedure.

Patient Signature: [REDACTED]

Date: [REDACTED]

Witness Name: [REDACTED]

Witness Signature: [REDACTED]