

Consent for Biopsy Procedure

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

Patient Information

Date of Birth:

Procedure Location:

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:

Date:

Witness Name:

Witness Signature: