

Written informed consent

Biopsy Consent

I mr/mrs.-----aged -----male/female, have been explained by the Dr.----- about the need for Biopsy (taking a small sample of tissue for microscopic examination) in relation to the tooth numbered ---- -----and I have been explained about the procedure in detail including injection of the local anaesthesia, incision in the tissue and closure with sutures at the end of the procedure if required.

Post-operative sequels like pain and swelling for few days have been explained. If not treated, cause of the disease or condition cannot be assessed and thereby difficulty to treat.

I hereby agree to undergo the procedure and agree to follow-up with the doctor as per his/her advice.

Date: _____ signature of the patient: _____

Time: _____ signature of the patient attendant: _____

Signature of the Doctor with seal: _____