



Canandaigua Oral Surgery, PC
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Consent for Oral biopsy

Patient Name: _____

I do hereby give my consent for oral hard or soft tissue biopsy or lesion excision as has been advised by Dr Cary and/or my referring dentist/physician, or per my request. I understand that the biopsy or excision of tissues will be used to assist in diagnosis and treatment of an abnormality of oral soft or hard tissues.

Biopsy site:

As with any surgical procedure, possible operative and postoperative complications need to be considered and understood. These may include, but are not limited to, the following: **bleeding, pain, swelling, bruising, injury to adjacent teeth or structures, infection, need for additional office visits for observation or treatment, lost time from work or school as relates to the evaluation and treatment of complications, as well as other possible and less foreseeable problems.**

Patient Signature: _____
(parent or guardian if patient is a minor or is unable to provide legal consent)

Doctor Signature: _____

Date: _____