

# Biopsy Patient Consent Form

## Patient Information

Full Name

Date of Birth

Contact Number

Email Address

## Procedure Details

Type of Biopsy

Location of Biopsy

Date of Procedure

Physician's Name

## Consent

I acknowledge that I have been informed about the nature of the biopsy procedure, its purpose, potential risks, benefits, and alternatives. I have had the opportunity to ask questions and they have been answered to my satisfaction.

I understand that I may withdraw my consent at any time before the procedure.

Patient Comments / Questions

Patient Signature

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Date

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Physician / Witness Signature

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Date

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