

Price, Hoffman, Stone & Associates, M.D.'s, P.A.
747 6th Avenue South
St. Petersburg, FL 33701
727-898-3647

Breast Biopsy Consent Form

Patient Name

Date

An abnormality has been identified in your breast for which a biopsy has been recommended. The biopsy is performed as an outpatient procedure with local anesthesia using lidocaine. The biopsy will be performed using ultrasound to help guide the needle to the abnormality in your breast. Usually the anesthesia will eliminate any pain. A biopsy needle will be placed into the abnormality and a sample of tissue removed. A pathologist will receive the sample and examine it under a microscope and do various other tests as necessary.

After the biopsy it is recommended that you rest at home for the remainder of the day. Tomorrow, you should avoid any stressful activity involving the biopsy site. Otherwise you may return to your usual activities.

There are potential complications you should understand:

- ***Bleeding:*** Bleeding at the biopsy site. The biopsy will cause minimal bleeding from the needle placement. Pressure will be held on the biopsy site for 3-5 minutes. This is usually all that is required to stop the bleeding. Occasionally, there may be more bleeding, requiring a longer stay in the office after the biopsy for observation. Rarely, there may be bleeding that could require hospitalization.
- ***Infection:*** It is possible the biopsy site could become infected, although it is uncommon. Some slight bruising may be noted post biopsy.

It is important for the doctor to know if:

1. You tend to bleed excessively with minor cuts
2. You take any medications that are anticoagulants or blood thinners such as:

____ Coumadin

____ Persantine

____ Lovenox

____ Ticlid

____ Heparin

____ Vitamin E

____ Aspirin

____ Arthritis Medications

____ Other: _____

3. Please list any and all allergies: _____

Patient Signature / Responsible Party

Witness Signature

Please list ALL known Food and Drug Allergies:

Allergy:

Reaction:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

For official use only:

Patient ID: _____

Date of Birth: _____

Side / Site: _____

Procedure: _____

Verified By: _____

Technologist

Physician