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CONSENT FOR COLPOSCOPY AND BIOPSY

I, _____, hereby authorize Michelle Mulder, MD, to perform an examination of my (cervix) (vagina) (vulva) with an instrument called a colposcope. The reason for the biopsy is _____

A local anesthetic called benzocaine spray may be used to help numb the area to be biopsied and the cervix will be cleansed with an iodine based antiseptic called Betadine. As far as I know I am not allergic to this medicine or to iodine.

The antiseptic and anesthetic may cause some mild burning or stinging but this usually resolves soon after the examination. The antiseptic may cause some discoloration of the skin but it is not permanent and will resolve over time. The biopsy may cause some cramping, but this usually resolves soon afterwards. There may be some spotting or bleeding from the biopsy which also usually resolves soon after the biopsy. Rarely, an infection may occur from the biopsy which may require antibiotics or even further surgery to treat.

I understand that the purpose of this biopsy is to look for and diagnose an abnormality and not necessarily to treat it. Depending on the results of the biopsy, additional treatment may be required at a later date. My options for treatment will be discussed with me after the results of the biopsy are known.

The risk of **not** performing the examination is that an early pre-cancerous or cancerous growth could be missed and it could spread making any future treatment more difficult and possible less likely to be successful.

I also understand that no abnormality may be able to be detected on today's biopsy. It may then be necessary to do more extensive testing or wait a period of time and repeat the colposcopy or other tests such as a pap smear to further evaluate the reason for the initial examination until the abnormality becomes easier to detect and treat or heals spontaneously.

All my questions about this procedure have been answered to my satisfaction. I have received a copy of the ACOG patient education pamphlet entitled, "Disorders of the Cervix."

Patient Signature

Date

Witness Signature

Date