



**Michelle M. Mulder, M.D.**

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Consent to Endometrial and / or Endocervical Biopsy

I, \_\_\_\_\_ hereby authorize Michelle Mulder, M.D. to perform a diagnostic procedure called an (endometrial) and/or (endocervical) biopsy. The reason the biopsy is necessary is \_\_\_\_\_

A local anesthetic called lidocaine 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 anesthetic 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 possibly 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 biopsy or other tests to further evaluate the reason for the initial biopsy 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 "Abnormal Uterine Bleeding."

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date