



## Office Procedures/Medication Consent

I, \_\_\_\_\_ (patient or guardian), authorize Joseph Brooks, M.D. and/or associates to perform the following procedure(s) signified by my initials in the column next to the procedure(s):

Patient's Initials	Treatment with Description	Goals of the Treatment	Major Risks of the Treatment
	<b>Colposcopy with Possible Biopsy</b>	To magnify and visualize the cervix and possibly take small samples of tissue (biopsies) to be sent to the lab for evaluation for abnormalities.	Bleeding or infection Pain at biopsy site.
	<b>ColposcopyNulvoscopy</b>	To magnify and visualize the vulva, vagina and cervix for evaluation of abnormality.	None//To all AVC patients: Please know that a colposcopy/vulvoscopy is performed at all new patient evaluations and at every visit. Your one time signature will serve as permission for each exam. Some colposcopy/vulvoscopy are applied towards deductible.
	<b>Tissue Biopsy</b>	To remove a small piece of tissue to send to the lab to look for abnormalities. A local anesthetic is usually used.	Bleeding or infection. Allergic reaction to the anesthetic. Pain at biopsy site.
	<b>Endometrial Biopsy</b> A small plastic tube is inserted through the opening of the cervix. A suction device is used to draw in the sample of tissue, which is sent to the lab for evaluation.	To sample tissue from the inner lining of the uterus.	Bleeding or infection. Menstrual like cramping. Perforation of the uterus with possible injury to internal abdominal organs. Inability to obtain cells.
	<b>Oral contraceptives</b> (Birth Control Pills) <b>Contraceptive Patch</b>	Contraception or treatment of medical problems. Advantages include decreased risk of endometrial and ovarian cancer, more regular menses with decreased flow and cramping, increased bone density, improvement in acne.	Nausea, irregular bleeding or weight gain. Increased risk of blood clots. Concerning signs include abdominal or chest pain, shortness of breath, headaches, visual problems or pain and leg swelling.
	<b>IUD Paragard Insertion</b> The IUD produces a spermicidal - like intrauterine environment.	Long-term contraception. Advantage includes easy compliance for up to 10 years.	Bleeding or infection. Expulsion or malposition of the IUD. Possible increased menstrual flow or increased cramping with periods. Perforation of the uterus with possible injury to internal abdominal organs.
	<b>IUD Mirena Insertion</b> The IUD produces a thickened cervical mucous creating a barrier to sperm penetration and keeps the lining of the uterus thin.	Long-term contraception. Advantage includes easy compliance for up to 5 years with possible cessation of menses.	Bleeding or infection. Expulsion or malposition of the IUD. Perforation of the uterus with possible injury to internal abdominal organs.
	<b>Depo Provera Injection</b> (3 month injection)	Contraception or treatment of a medical problem. Advantages include decreased risk of endometrial cancer, decreased flow and cramping.	Irritation or infection at the injection site. Possible irregular bleeding, weight gain, depression and decreased sex drive. Delay in return to fertility.
	<b>Hormone Replacement Therapy (HRT)</b>	To relieve hot flashes and night sweats in menopause. To reduce the risk of fractures and colon cancer. To prevent the thinning of the tissues of the genital tract. To control irregular bleeding.	Possible irregular bleeding. Increased risk of blood clots, heart disease or stroke. Conflicting evidence of links to breast cancer.



*Office Procedures/Medication Consent Continued*

Patient's Initials	Treatment with Description	Goals of the Treatment	Major Risks of the Treatment
	Gardasil		
	Kenalog Injection		
	Rocephin Injection		
	Comments/Other		
<p><b>GENERAL RISKS AND POSSIBLE COMPLICATIONS</b> This authorization is given with the understanding that any procedure involves some risk and possible complication. I consent to my doctor/provider to do anything necessary to save my life, to remove, repair any damaged or diseased tissue, and/or respond to an emergency appropriately. Other risks not listed on this form are also a possible complication as well.</p>			
<p><b>PERFECT RESULTS CANNOT BE AND ARE NOT GUARANTEED</b> I understand that no guarantees have been made as to the result of this procedure and that it may not completely cure or evaluate the condition for which it was recommended.</p>			
<p><b>PATIENT'S ACKNOWLEDGMENT OF INFORMED CONSENT</b> I have read and fully understand this consent form. I understand I should not sign below unless all of my questions and concerns have been explained or answered to my complete satisfaction, or if I do not understand any of the terms or words contained in this consent form or any of my discussions with my physician. I have no further questions. I believe I have been adequately informed and I consent to the above procedure/medication.</p>			
<p><b>DO NOT SIGN UNLESS YOU HAVE READ AND THOROUGHLY UNDERSTAND THIS FORM</b></p>			

Witness Signature/Translator (if applicable)

Patient/Responsible Party Signature

Date/Time

Date/Time

**Provider Confirmation**

I have explained the proposed procedure to the patient and have answered all the patient's questions and clearly addressed all concerns. In my opinion, the patient has been adequately informed and has consented to the above

Physician's Signature

Date/Time