

Informed Consent for Surgery

Marvin A. Bishop, M.D., M.B.A.

218 South Maple

Winchester, KY 40391

Phone: 859-745-2861

1. You have been scheduled for surgery on _____.
2. The procedure will be performed at this office under local anesthetic. You will not need a driver after the surgery, unless so desired.
3. The procedure will involve an excision or shave of the lesion. An excisional biopsy involves complete removal of the lesion with sutures. A shave biopsy removes the lesion that is visible. The pros and cons for the differing procedures will be discussed.
4. All biopsies will be sent for a pathological diagnosis. We send the specimen to an independent professional lab, which will bill you separately for their services.
5. Occasionally, the lesion that has been removed can recur. There are no guarantees that this will not happen.
6. **IF YOU ARE TAKING ASPIRIN OR CLOPIDOGREL/PLAVIX, PLEASE CONSULT YOUR DOCTOR WHO HAS PRESCRIBED YOUR MEDICATION ABOUT HOLDING THEM. ASPIRIN NEEDS TO BE HELD FOR 7 DAYS AND/OR CLOPIDOGREL/PLAVIX FOR 4 DAYS BEFORE THE PROCEDURE.**
7. The surgeries performed are usually simple, but there are risks involved. The risks include:
 - a. Bleeding
 - b. Infection
 - c. Scar
 - d. Nerve damage and/or pain at the surgical site
 - e. Other risks such as: _____
8. Instructions will be given for post-op care the day of the surgery.
9. Please ask questions before the procedure if anything is unclear.
10. **Please bring this form back with your signature on your surgical day.**

Signature: _____ Date: _____