

BIOPSY SITE INSTRUCTIONS/COPY OF CONSENT

- You had a biopsy today.
 - 1. You may take the band aid off tonight or tomorrow.
 - 2. Clean the area at least once a day with soap and water.
 - 3. Apply a thin layer of: polysporin, bacitracin, or mupirocin (if your provider wrote you an RX).
 - 4. Please continue to apply a new band aid daily until healed, unless otherwise specified by your Provider.
- Call the office with any signs of infection: expanding redness, excessive drainage, increased pain, swelling, or bleeding that does not stop with pressure)
- Please note: Your biopsy may be sent to another lab for a second opinion. If this is the case, our office will notify you, billing information will be provided to the lab and you will get a bill from that lab. Results may not be ready for an additional 7-10 business days after the second opinion is sent.
- Biopsy results are only given to the patient unless other arrangements are made in advance.
- You may access your biopsy results in 7 10 business days by logging into your Patient
 Portal
- You can access your Patient Portal by visiting our website www.dmgnc.com and clicking on the EMA Patient Portal link
 - Once logged in click the following tabs (purple bar at top of page):
 - o Patient Info: To view your demographic information
 - o Visit Info: To view your visit notes, test and biopsy results
 - Contact Us: To send and receive messages
- If you need help accessing your Patient Portal or need to reset your password, please contact our office at the main number listed at the very bottom of the page
- You can also send messages for our doctors and staff through the Patient Portal.
- If your results are not on the Patient Portal you may contact the pathology nurse using your Patient Portal e-mail, or call the office where you had the biopsy taken at the number listed at the very bottom of the page.

Pathology Line: 760-758-8318, 8:30am to 5:00pm



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CONSENT TO BIOPSY THERAPEUTIC PROCEDURE

- Operation/Biopsy Procedure:
 - o By my signature, I consent to having the procedure(s) listed below. I understand that sometimes during the operation, unexpected conditions or disease may be discovered, and I authorize the Practitioner to perform a different or additional procedure if they believe it is in my best interest.
- The Doctor and or Associate/Assistant has explained the operation(s) or procedure(s), the reason(s) for it, other types of biopsies or forms of treatment, and discussed with me that any operation has forms of complication, injury or even death.
- As people react differently, results will vary and cannot be guaranteed.

Risks include: SCARRING, BLEEDING, INFECTION, RECURRENCE and/or NERVE DAMAGE.

• Anesthesia:

o I understand the operation may require a local or regional anesthetic. Anesthesia has risks. They have been discussed with me and I accept them.

• Other Services:

- o I also consent to an adhesive patch-based non-invasive biopsy as a potential alternative to monitoring of a pigmented lesion or an invasive biopsy if deemed appropriate by my treating physician. The adhesive patches are latex free and side effects are limited to temporary reddening of the area in most cases. Ulcerations can occur.
- o I understand that services such as pathology examination of tissue removed during surgery may be necessary, and I agree to this. I also authorize DMG to use or dispose of any tissue which must be removed during this operation.
- Your signature below authorizes DMG to send your biopsy for a 2nd opinion if deemed necessary by your Physician. Our office will notify you by mail if we have sent your biopsy for a 2nd opinion. Billing information will be provided to the lab and you will get a bill from the lab providing the 2nd opinion.
 - o Results may not be ready for an additional 7-10 days.
- By my signature, I consent to having the procedure(s) listed below. I understand that sometimes during the operation, unexpected conditions or disease may be discovered, and I authorize the Practitioner to perform a different or additional procedure if they believe it is in my best interest.