



James Cord, MD
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CONSENT FOR PROSTATE BIOPSY

I, _____, hereby authorize James Cord, MD to perform biopsy on my prostate. The nature of the procedure, possible alternative methods of treatment, the risk involved and possible complications have been fully explained to me. I acknowledge that no guarantee or assurances have been made to the results that may be obtained.

I have not taken aspirin or blood thinning medications in the past week. I had an enema earlier today and I have taken the antibiotics recommended.

I understand that the tissue that is removed will be sent to a pathologist for evaluation.

I understand the complications include, but are not limited to: bleeding from the rectum or urethra, infections of the prostate, bladder, or urethra, sepsis, prolonged discomfort, pain or urinary retention.

I hereby certify that I have read and fully understand the above authorization for Dr. Cord to perform this procedure; the reasons why the prostate biopsy is necessary; the advantages and possible complications, if any, as well as possible alternative methods of diagnosis which were explained to me.

All of my questions have been answered prior to my signing this form.

Patient

Date

Witness