



CONSENT FOR TRANSRECTAL BIOPSY OF THE PROSTATE WITH ULTRASOUND GUIDANCE

I hereby request and authorize Dr. Malcolm Schwartz, Dr. Bernard Lehrhoff, Dr. Kenneth Ring, Dr. Mark Miller, Dr. Joshua Fiske, Dr. Andrew Bernstein, Dr. Robert Stackpole and whomever he may designate to assist him to perform a Transrectal Biopsy of the Prostate with Ultrasound Guidance.

The procedure has been explained to me and has included:

1. Purpose and extent of the procedure to be performed.
2. Risks involved in the procedure including infection and bleeding.
3. The possible or likely results of the procedure.
4. The results if I remain untreated.

I certify that I have read and understand the attached instructions regarding possible complications of the above procedure.

Signature of Patient

Date

Signature of Witness

Date

*Adult and Pediatric Urology • Sexual Dysfunction • Male Infertility • Urinary Incontinence • Urologic Oncology
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