

FINGER LAKES WOMEN'S HEALTH, LLC

OBSTETRICS AND GYNECOLOGY

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Endometrial Biopsy Consent Form

Patient name: _____

Date of Birth: _____

Today's date: _____

Chart #: _____

I hereby authorize _____ to perform an endometrial biopsy, or sampling of the endometrial tissue.

The procedure consists of swabbing the cervix with soap to cleanse the area and placing a small tube into the opening of the cervix to reach the endometrium (lining of the uterus). An instrument may be needed to hold the cervix in place while the procedure is done. If the tube does not go in easily, another instrument may be used to help widen the opening of the cervix.

This procedure is generally tolerated well, although some people do have mild cramping for a short time after the procedure.

I acknowledge that I have read and understand the consent form.

Patient Signature

Date

Witness

Cc:pt chart