

# Consent form for Biopsy

Name : ..... Age : ..... Sex : .....

Telephone Number : .....

I ..... aged ..... years.

Address .....

.....

Hereby authorized Dr. .... to perform the procedure ..... for my condition .....

I have been advised about the procedure for diagnosis of my condition. It involves use of local anaesthesia. 4mm of skin will be taken for the purpose of this study after which it will be studied under a light microscope. I hereby agree that I have read and understood the above mentioned facts. I hereby give consent for the procedure. I agree that I have signed this consent form not under the influence of any drugs. I hereby give consent to take my photographs which will not be used for publicity.

Date :

Signature of the Patient /-