



830 Oak Street
Brockton, MA 02301
(508) 583-4961
Fax (508) 583-4732
Soheil.Hanjani@Steward.org

CONSENT FORM FOR ENDOMETRIAL BIOPSY (“mini” D&C)

Patient Name _____

The risk and complications of endometrial biopsy include, but are not limited to: infection, allergic reactions, bleeding and pain and perforation of the uterus with damage to internal organs.

Performance of this procedure on a woman who is pregnant could result in miscarriage.

During the procedure:

Cramping may occur. The cramping usually goes away shortly after the procedure is completed, however spotting may continue for a few days.

After the procedure:

Rest for several minutes before leaving the physician’s office. Spotting may continue for a few days. You may immediately resume your usual activities including bathing. For three days following the procedure, do not use tampons, douche or have intercourse.

Contact us immediately to report any of the following problems:

- Bleeding in excess of your normal period
- Persistent cramping or unusual discomfort
- Fever

The nature of the procedure and the reason for performing it have been explained to me.

I am aware that other unexpected risks or complications not discussed may occur and that no guarantees or promises were made concerning the results of any procedure or treatment. I am also aware that during the course of the proposed procedure, unforeseen conditions may be revealed requiring the performance of additional procedures.

I have read the above risk and complications of endometrial biopsies. I have had the opportunity to ask any questions of my doctor and have received acceptable answers to my questions.

I consent to an endometrial biopsy.

Patient Signature _____ Date _____

Physician Signature _____