



**Dr. Clemens Esche**  
Graves-Gilbert Clinic  
Medical Arts Bldg  
350 Park St, Suite 101  
Bowling Green, KY 42101  
270-843-3376  
270-780-0496 (fax)

## **CONSENT FOR TREATMENT**

I hereby consent to all medical and surgical procedures, including but not limited to laboratory tests and administration of local anesthesia which are deemed appropriate and necessary at any time while under the care of Dr. Esche.

Diagnosis of both malignant and benign growths and conditions may require surgical procedures called a biopsy. A local anesthetic is used prior to taking any tissue sample. This simple procedure carries with it minor risks including but not limited to allergic reactions to the anesthesia, fainting, mild discomfort, minimal bleeding, nerve damage, the possibility of minor scarring and infection. The risks of not having the procedure done should be discussed with Dr. Esche. I have reviewed the above statements and understand the risks associated with a tissue biopsy. I also agree to have a biopsy performed if clinically indicated and sent to a pathology laboratory for analysis. I am aware that any outside services not covered by my insurance are my responsibility.

I also authorize Dr. Esche to use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations. I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent.

---

Signature of patient (or parent or responsible party)

---

Date