

**PATIENT REQUEST AND AUTHORIZATION FOR NEEDLE BIOPSY OF THE PROSTATE WITH ULTRASOUND GUIDANCE**

I \_\_\_\_\_ hereby request and authorize Dr. Jano to perform upon myself the following procedure: Needle biopsy of the prostate with ultrasound guidance. I understand that this procedure is intended to sample a needle core of the prostate tissue as seen by the ultrasound machine.

My physician, Dr. Jano has explained the operation and risks and possible foreseeable complications of this procedure.

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SIGNATURE OF PATIENT

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DATE OF SIGNATURE