

PAT FULGHAM, M.D.
DISCLOSURE AND CONSENT FOR TRANSRECTAL ULTRASOUND OF THE PROSTATE
WITH ULTRASOUND-GUIDED PROSTATE BIOPSY

You have the right, as a patient, to be informed about your condition and the recommended surgical, medical, or diagnostic procedures to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

I voluntarily request Doctor Pat.F. Fulgham, as my physician, and such associates, technical assistants and other healthcare providers as they may deem necessary, to treat my condition which has been explained to me as having a risk factor for prostate cancer which may include a **prostate nodule, elevated PSA or abnormal finding on MRI of the prostate.**

I understand that the following diagnostic procedures are planned for me and I voluntarily consent and authorize these procedures:

TRANSRECTAL ULTRASOUND OF THE PROSTATE
TRANSRECTAL ULTRASOUND-GUIDED PROSTATE BIOPSY

I understand that my physician may discover other or different conditions which may require additional or different procedures than those planned. I authorize my physician, and such associates, technical assistants, and other healthcare providers to perform such other procedures which are advisable in their professional judgment.

I understand that not all cancers can be detected with transrectal ultrasound of the prostate and biopsy and a negative examination does not exclude or preclude the prospect for future development of prostate cancer.

Just as there may be risks and hazards in continuing my present condition without the above procedure, there are also risks and hazards related to the performed of the above procedure. I realize that common to diagnostic procedures is the potential for infection, bleeding, allergic reactions, and even death. I also realize that the following risks and hazards may occur in connection with this particular procedure: **Hematuria (blood in the urine), hematospermia (blood in the ejaculate), hematochezia (blood in the stool), bacteremia (bacteria in the blood stream), urinary traction infection, prostate infection.**

I have been given the opportunity to ask questions about my condition, alternative forms of diagnosis, risks of not doing the procedure, and the risks and hazards involved with the procedure. I believe that I have sufficient information to give this informed consent.

I certify this form has been fully explained to me, that I have read it or have had it read to me, that the blank spaces have been filled in and I understand its contents.

_____ I have received antibiotics along with instructions on how to take them

Patient Name (printed)

Date of Birth

Patient signature

Date

Witness

Date