



### **Medical Waiver- Biopsy Refusal**

I, \_\_\_\_\_, am electing to defer a skin biopsy, though this procedure was believed clinically indicated by my doctor. I understand that a skin biopsy is a minor, but important, procedure used to precisely identify otherwise nonspecific abnormal conditions of the skin. I further understand that in the absence of this simple procedure:

- the possibility of a skin malignancy cannot be entirely excluded
- the etiology of a nonspecific dermatitis cannot be accurately characterized.

Finally, I am aware that in the absence of a precise diagnosis, an appropriate and evidence-based treatment plan may not be possible.

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Patient signature

*This document should be used at the physician's discretion. BakoDx assumes no liability for its*

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