

PROCEDURE NOTE FOR THE CHART

Skin Biopsy for Epidermal Nerve Fiber Density

PATIENT NAME	DATE
PHYSICIAN NAME	

An informed consent was obtained for a Skin Biopsy Nerve Evaluation and the signed copy is in the patient's file.

PROCEDURE

The patient was placed in the supine position for the procedure. After measurements were obtained and alcohol prep was done, 0.5cc of 1% Lidocaine with Epinephrine was used as local anesthetic.

The first 3 mm punch biopsy with a dermal punch was obtained from the:

<input type="checkbox"/> RT	<input type="checkbox"/> LT	<input type="checkbox"/> Proximal Thigh	<input type="checkbox"/> Distal Thigh	<input type="checkbox"/> Calf	<input type="checkbox"/> Foot	<input type="checkbox"/> _____
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The above procedure was repeated and a second 3 mm punch biopsy with a dermal punch was obtained from the:

<input type="checkbox"/> RT	<input type="checkbox"/> LT	<input type="checkbox"/> Proximal Thigh	<input type="checkbox"/> Distal Thigh	<input type="checkbox"/> Calf	<input type="checkbox"/> Foot	<input type="checkbox"/> _____
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The above procedure was repeated and a third 3 mm punch biopsy with a dermal punch was obtained from the:

<input type="checkbox"/> RT	<input type="checkbox"/> LT	<input type="checkbox"/> Proximal Thigh	<input type="checkbox"/> Distal Thigh	<input type="checkbox"/> Calf	<input type="checkbox"/> Foot	<input type="checkbox"/> _____
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The above procedure was repeated and a fourth 3 mm punch biopsy with a dermal punch was obtained from the:

<input type="checkbox"/> RT	<input type="checkbox"/> LT	<input type="checkbox"/> Proximal Thigh	<input type="checkbox"/> Distal Thigh	<input type="checkbox"/> Calf	<input type="checkbox"/> Foot	<input type="checkbox"/> _____
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The sample(s) was/were placed in the vial containing the fixative and will be processed for Nerve Fiber Density Testing. **Samples will be sent to NovaDX located at 1050 Las Tablas Road Suite 14, Templeton, CA 93465.**

Bleeding was controlled and bandage(s) were placed over the biopsy sites. The procedure was tolerated.

The patient was provided with information on wound care and provided a copy of the post biopsy instructions.

Physician Signature _____