

## 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 \_\_\_\_\_