

CONSENT FOR FINE NEEDLE ASPIRATION AND BIOPSY

1. I have received and read the patient information brochure on fine needle aspiration (FNA) or I have had the FNA and core needle biopsy procedure explained to me by the doctor or a representative. I understand the risks, complications, limitations and alternatives of this procedure. I have also had an opportunity to have my questions answered.
2. I understand that while FNA/Core needle biopsy is a very good test, it is not a perfect test. There is a small probability, depending on the size, location and type of lump that it may not be interpreted as cancer when cancer is there. And rarely, it may falsely be interpreted as cancer when cancer is not there. However, most doctors believe that FNA/core needle biopsy is a very good test.
3. After having been informed of the values, limitations, risks, complications and alternatives of this procedure, I hereby authorize and direct Dr. Celina Nadelman and associates to perform fine needle aspiration/core needle biopsy.

Signature of patient

Printed name of patient

Witness to signature

Printed name of witness to signature

Signature of Guardian

Signature of Translator

Date