

Outpatient Ultrasound-guided Fine Needle Aspiration (FNA) Biopsy services by appointment

Celina M. Nadelman, M.D., Laboratory Director Phone: (310)702-6701 Fax: (310) 935-3039

www.drnadelman.com

FINE NEEDLE ASPIRATION & ULTRASOUND REFERRAL FORM

Patient Name:	D.O.B <u>.</u>
Patient Phone #:	Email:
Appointment Date:	Time:
Referring Physician:	
Office Phone#:	_ Fax #:
Site of mass (lump): o Rt o Lt	
o Any suspicious nodule and additional sites at the discretion of the FNA specialist	
o Formal Ultrasound	
Pertinent Patient History & ICD-10 codes:	
REFERRING PHYSICIAN SIGNATURE:	
(required signature)	
Please fax this form and any accompanying radiology reports to the above number.	
TO THE PATIENT: Please call to make an appointment	



NEW OFFICE LOCATION: 1125 S. BEVERLY DRIVE SUITE 602 LOS ANGELES, CA 90035

Fax or bring this form with you to the appointment