



### **Consent to Diagnostic Procedure FNA**

I, ..... DOB ..... / ..... / .....

HEREBY CONSENT TO:

- FNA
- ADMINISTRATION OF LOCAL ANAESTHETIC AND THAT THIS WILL BE CARRIED OUT BY

Dr .....

I FURTHER AGREE THAT THE NATURE AND PURPOSE OF THIS PROCEDURE HAS BEEN EXPLAINED TO ME IN A MANNER WHICH I UNDERSTAND AND ACCEPT.

SIGNED ..... (PATIENT)

SIGNED ..... (DOCTOR)

SIGNED ..... (WITNESS)

DATE .....