



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