

## 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 …………………………