



DUKE MEDICINE

Division of Cytopathology

Division of Pathology

Pager 970-4525

Reports 684-6667

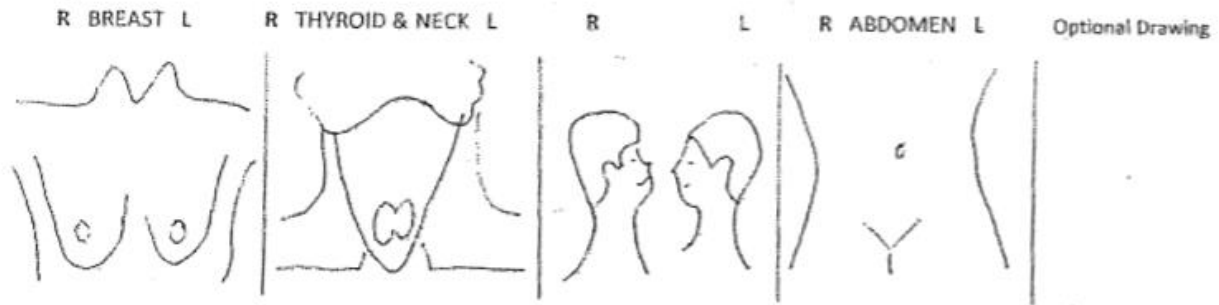
FNA Patient Referral Request

Patient Name: _____ MRN: _____

Referring Clinician: _____ Contact Number: _____

Clinical History:

Site for FNA (please place mark on skin overlying lesion if not easily identified and indicate on diagram below):



Distance from nipple _____cm _____ O'clock position Size of mass _____cm
--

Do you want to be called with immediate assessment? Yes _____ No _____

Do you want the patient to return to your clinic after FNA? Yes _____ No _____

Additional Information:

