

Dr. Stephen Dent, M.D.

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FNA CONSENT FORM

Patient Name _____

Patient DOB: ____/____/____

THYROID___ PAROTID___ SUBMANDIBULAR GLAND___ NECK MASS / LYMPH NODE___

The procedure of Fine Needle Aspiration (FNA) will consist of the following:

A needle will be inserted into the neck mass from 1 to 4 different angles; the samples will then be sent out for cytopathology evaluation.

Complications may include:

Pain at the injection sites, infection, air trapped under the skin, shortness of breath and pneumothorax.

I confirm that I do not have any bleeding disorders, and have abstained from blood thinners or aspirin therapy for 5 days prior to the procedure.

I have read and consent to have a Fine Needle Aspiration performed by Dr. Stephen Dent.

Patient's signature _____ Date: ____/____/____

Post FNA Instructions

1. Do not take aspirin for 2 days following the procedure.
2. Take 2 Extra Strength Tylenol every 6 hours as needed for pain, unless you are allergic to it.
3. If you experience sudden neck swelling, or shortness of breath, contact 911 or go to the nearest emergency room.