

## FNA Referral Form

Please fill out all fields and call **(865) 888-7747**. Please fax form, imaging reports, and recent office visit note to **(865) 888-7748**. After we schedule the patient, we will fax back a confirmation.

### Patient details

Last name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: Circle one **Male** **Female**

Number to contact patient \_\_\_\_\_

### Medical Information

Where is lesion/ nodule located \_\_\_\_\_

DX Code (s) \_\_\_\_\_

Additional Information \_\_\_\_\_

Prior imaging: Circle one **Yes** **No**

If yes, please fax radiology report with referral form, and send digital/physical images with patient if available.

### Referring Provider Details

Provider Full Name \_\_\_\_\_

Office Address \_\_\_\_\_

Would provider like same day preliminary result phone call? Circle one **Yes** **No**

Contact Number for Results \_\_\_\_\_ Fax Number \_\_\_\_\_

Form Completed by (your name) \_\_\_\_\_

Date \_\_\_\_\_