



139 Fox Road, Suite 203 | Knoxville, TN 37922
Office: 865.888.7747 Fax: 865.888.7748

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 _____