DIAGNOSTIC RADIOLOGISTS
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medical imaging

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Ref: Rad/2011/18.1

INFORMED CONSENT FNA/BIOPSY

I, _____ (patient name & surname), confirm my consent to the

performance of a: Fine Needle Aspiration ☐ Biopsy ☐

The above ticked procedure was explained to me by _____ (Radiographer/Doctor)

I accept responsibility for possible complications that may subsequently occur.

Patient Signature: _____

Radiographer/Doctor Signature: _____

Witness Signature: _____

Date: _____