Price, Hoffman, Stone & Associates, M.D.'s, P.A. 747 6th Avenue South St. Petersburg, FL 33701 727-898-3647

Thyroid Biopsy Consent Form

Patient Na	ame	Date
recomme anesthesi the needle pain. A bid A patholo	e to the abnormality in your thyroid opsy needle will be placed into the	•
		d understand: could become infected, although it is uising may be noted post biopsy.
•	ortant for the doctor to know if: You tend to bleed excessively wit	n minor cuts
2.	You take any medications that are Coumadin Lovenox Heparin Aspirin Other:	e anticoagulants or blood thinners such as: Persantine Ticlid Vitamin E Arthritis Medications
3.	Please list any and all allergies: _	
Patient Si	gnature / Responsible Party	Witness Signature