Mackenzie Health

Mackenzie Richmond Hill Hospital
10 Trench Street, Richmond Hill ON L4C 4Z3
905-883-1212

Cortellucci Vaughan Hospital
3200 Major Mackenzie Drive West, Vaughan ON L6A 4Z3
905-417-2000

Patient Label

Ultrasound Guided Thyroid FNA/Lymph Node Biopsy Requisition

Diagnostic Imaging – Ultrasound Department (Main Level)

Telephone: 905-883-2004 **Fax:** 905-883-0772

Patient Information	
Patient Name:	Date of Birth: (dd/mm/yyyy)
Patient Telephone Number:	Emergency Contact:
Address:	
Health Card Number:	Version Code:
Referring Physician	
Physician Name:	Telephone Number:
Contact Person:	

1. Please indicate the site for FNA:
   - ☐ Thyroid
   - ☐ Parathyroid
   - ☐ Lymph Node
   - ☐ Other (specify) _____

2. Please provide additional information regarding the **LOCATION** and **SIZE** of nodule(s)/lesion(s).

3. When was the most recent ultrasound scan performed (**please attach the report**)? _____
   If the outside ultrasound images and/or report are unavailable, the patient may require a repeat ultrasound scan at our site prior to approval. Please inform the patient of the possibility of this.

4. Has an FNA been performed recently (within 3 months)?
   - ☐ NO
   - ☐ YES. Please provide the date: _____ (dd/mm/yyyy)
     A repeat FNA will be scheduled at least 3 months after this date to avoid a false positive result.

5. Is the patient currently receiving anticoagulation (blood thinner)?
   - ☐ NO
   - ☐ YES. Please specify: _____

6. Does the patient have any allergies?
   - ☐ No known allergies.
   - ☐ YES. Please specify: _____

ALL the above information must be completed, or the requisition may be returned.

Ordering Physician's Signature: _____