



123 Fox Road, Suite 201B | Knoxville, TN 37922

FNA Referral Form

Please fill out all fields and call **(865) 888-7747** to schedule appointment. Please fax form, imaging reports, and recent office visit note to **(865) 888-7748**.

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 _____

Please fax form and patient information to (865) 888-7748. If your facility requires a precertification, please also search under Dermatopathology Partners if Knoxville FNA Clinic is not listed.