



Information and Consent Micro puncture of the Thyroid gland

¹ In addition, underage persons or assisted adults should sign if they are informed about the procedure.
² In principle both parents should sign. If only one parent has signed, the person who has signed assures that he or she is acting in agreement with the other parent or that he or she has the exclusive custody of the child.

We welcome you to our practice and ask you to fill out this questionnaire to the best of your knowledge. Please mark with a cross where applicable. **Please hand in any documents you may have brought with you for preliminary examinations at the registration desk. These will be returned to you after the examination.** You can discuss any open questions with the assistants or the doctor before the examination.

Name, first name	Date of birth
Address	
E-mail	Phone
Health insurance	KVB I-III <input type="checkbox"/> KVB IV <input type="checkbox"/> Post B <input type="checkbox"/> Beihilfe <input type="checkbox"/>
Primary care physician	

A fine needle puncture of the thyroid gland is recommended by your doctor in order to perform a fine tissue examination of an unclear thyroid lump.

The puncture is not very painful, comparable to the venepuncture of a blood sample.

You should keep your head hyperextended during the puncture and not move or swallow during the puncture procedure.

Fine needle puncture is a low complication method, but complications can still develop. This also includes, for example: Bleeding and infections, which are very rare.

You might feel a gentle feeling of pressure after the puncture, but it disappears after a short time.

You should consult a doctor if the symptoms increase or persist for a longer period.

If you are taking blood-thinning medication (for example ASS, Marcumar, Xarelto, Pradaxa), you must inform the doctor before the puncture. Whilst taking these medications, we are not allowed to perform the fine needle puncture.

On the day of the puncture, you should not do any sports and in particular not lift heavy loads.

I suffer from a coagulation disorder: ☐ Yes ☐ No

I take blood-thinning medication or anticoagulants: ☐ Yes ☐ No

The consent is given for an indefinite period and can be cancelled by you in written form at any time.

Declaration of consent: The above-mentioned facts have been explained to me. I have no further questions and herewith give my consent to the planned examination after sufficient time of reflection.

Place, Date, Time

Signature of the Patient¹, legal representative²

Signature of the doctor

Data accepted:

Do you like to receive a copy of this document? ☐ Yes ☐ No

Copy Received: Signature of the patient

Please keep the questionnaire until your examination begins.

Please take care of your wardrobe, as the clinic cannot assume any responsibility for it.

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