V Raman Sukumar, MD
Medical Director

Doctors Pathology Services

Intraoperative Consult

PATIENT INFORMATION

Last	First	M
SSN		
Date of birth	Sex	
Address		
City, State ZIP		
Phone		

PHYSICIAN INFORMATION

Procedure Date	Start Time	Provider signature
Office Site		
Ordering Provider		
Copies to		

USFNA	
A	☐ Right ☐ Left ☐ Bilateral
B	☐ Right ☐ Left ☐ Bilateral
C	☐ Right ☐ Left ☐ Bilateral
Reason for Procedure:	

Must Receive
1.This completed form
2. Most recent imaging report
3.All demographic and insurance information.

Scheduling USFNA Procedures at Your Facility

- Clients are provided with a fixed date and time for scheduling USFNA procedures.
- DPS Scheduling Coordinator will work with the client to arrange patient appointments.
- DPS will always try to accommodate unusual requests.
- **To stay compliant, please fax this form, preferably a week in advance.**
- Pre-certifications and referrals are not usually required for USFNA, but if needed, ONLY your office can obtain them.
- DPS' staff will call each patient to confirm the procedure time at least 24 hours in advance.
- Please inform patient that lack of direct confirmation with DPS may delay procedure.