

Patient’s Informed Choice/Consent of Treatment Plan

In light of evaluation and professional opinion by Dr. Pinnamaneni, I understand that my thyroid anatomic abnormality (Nodule) can be treated by one of three following options. (Please mark “X” and place your initials to signify your choice/decision):

Option#1: _____ I prefer to do nothing at this time and follow clinically every 3 to 6 months with an examination until a physician tells that my thyroid nodule changed in size or characteristics or I develop symptoms. Then I may consider **Thyroid fine needle aspiration (TFNA)** biopsy or surgery. I understand and assume responsibility for delaying a cytological or tissue (Pathological) diagnosis under this option; or

Option#2: _____ I prefer to undergo thyroid Ultrasound or other studies every 6 months to a year along with clinical evaluation; and I may consider then TFNA biopsy or surgery, if a physician tells me any changes in size and or characteristics of the thyroid nodule or I develop symptoms. I understand and assume responsibility for delaying a cytological or tissue (Pathological) diagnosis under this option; or

Option#3: _____ I want Dr. Pinnamaneni to perform soon TFNA biopsy to assess my thyroid anatomic abnormality (Nodule), because I want to rule out the possibility of thyroid cancer now, with an understanding that TFNA may only provide a diagnosis in 80 % to 90% of the time and most of the time it is not thyroid cancer. I also recognize that there are false positives and false negatives on TFNA biopsy.

Signature

Date

Print Patient’s Name

Witness Signature

Date