

BIOPSY PATIENT DATA SHEET

Date: _____ X-Ray #: _____

Name: _____

We will call you in 3-7 working days with your biopsy results.

To help us contact you, please list any phone numbers you would like us to use to contact you during business hours. Please list the phone number where we are most likely to reach you first.

Phone Number	Home	Work	Cell	May we leave a message?	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Is there any additional information that may help us contact you? _____

*****If you prefer to have a family member receive your results, please indicate below:***

Name: _____	_____	_____
Print Family Member's Name	Relationship to you	Phone No. where they may be reached

Please sign and date this form: _____

Patient's signature	Date
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DO NOT WRITE BELOW THIS LINE, FOR OFFICE USE ONLY

Pathology Results: ☐ Benign ☐ Malignant _____

Followup: ☐ 6 month ☐ Surgical Consult ☐ Other _____

Date called: _____ ☐ Message left

Radiologist: _____

RT called ☐ Appt. made: _____