

Date:

Affix name label
Name
Hospital Number
D.O.B.

Referring physician:

Site:

Size of lesion:

Number of passes:

Post procedure Chest X-ray:

Any post procedural complications:

Post Procedure Advice:

PLEASE CONTACT/ATTEND ACCIDENT AND EMERGENCY SHOULD ANY OF THE FOLLOWING SIGNS/SYMPTOMS DEVELOP IN THE NEXT 24/48 HOURS FOLLOWING YOUR BIOPSY:

- 1. Increased breathlessness from your usual breathing pattern**
- 2. Chest pain when breathing**
- 3. Coughing up blood, more than 1/4 cupful a day**

Consultant Radiologist: