

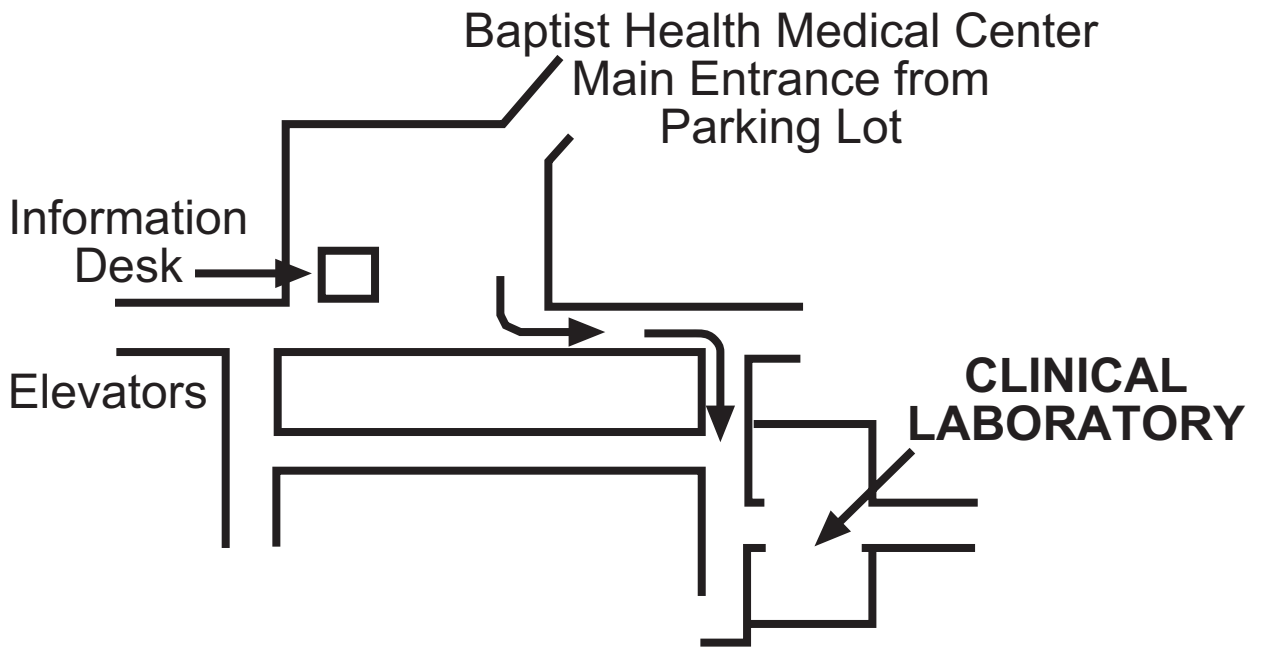
Name: _____

Doctor: _____

Go directly to the **CLINICAL LABORATORY** at **Baptist Health Medical Center** for the following procedures:

Fine Needle Aspiration of _____

Additional laboratory testing as indicated below:



If there are any problems or delays please call **202-2888** or inside **Baptist** at ext. **2888**.