
RFA Preparation Checklist

->Read, fill in and/or check each statement as appropriate:

- ☐ I am not pregnant
- ☐ I am not wearing any makeup, lipstick
- ☐ I have removed all jewelry and piercings
- ☐ I am not wearing any metal fasteners (zippers, buttons, belts...)
- ☐ I do not have a pacemaker

MEDICATIONS

- ☐ I do not take any blood thinners
- ☐ I am not taking any coumadin or antiplatelet therapy
- ☐ I have not taken thyroid medication

☐ Typically, no change to medication is necessary unless you are on anticoagulants (instructions to be discussed)

☐ No antibiotics or pain medications are typically needed other than Tylenol or Ibuprofen

Sedative

☐ If I want to take a sedative prior to the procedure, I understand that I must

1. Inform our office staff at least 24 hours in advance of your procedure
2. Office staff will send a prescription to your local pharmacy
3. Bring the prescription with you to the office to take 20 minutes before procedure

☐ I understand that If I do NOT take a sedative, I should be able to drive home and resume normal activity following the procedure

☐ I have not had prior thyroid surgery

☐ I have presented two FNA biopsies that are benign, one for autonomous functioning thyroid nodule

☐ My symptom score from 1-5 (five being severe) is

☐ My cosmetic score from 1-4 (four being severe) is

☐ I understand a popping sound in my neck is possible and normal with this procedure

☐ I understand the goal is to obtain 50% reduction over the next several months

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- ☐ I understand that more than one procedure may be necessary for desired results
- ☐ I understand the possibility of regrowth of treated nodule and that additional treatments may be necessary
- ☐ I understand patients may experience various degrees of discomfort during ablation
- ☐ I understand complications as listed in the consent
- ☐ I understand a diagnosis of Hashimotos increases my risk of developing hypothyroidism
- ☐ I understand that hyperfunctioning thyroid nodules that are cured with procedure may also increase risk of hypothyroidism at a rate of 3%
- ☐ I understand that a semi-permanent marker will be used on my neck for proper placement of probe
- ☐ I understand that since there is no anesthesia, there will be no monitoring of vitals during the procedure
- ☐ I understand that no exercise is permitted on the day of procedure and normal activities/exercise can resume the following day
- ☐ I understand I must return to be examined by ultrasound to demonstrate volume reduction at the following milestones:
1. 1 month (30 days) after the procedure
 2. 3 months after the procedure
 3. 6 months after the procedure
- ☐ I understand that further observation or admission may be required following the procedure, depending on condition after ablation

Signed:

Patient Name

DATE



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