



NUCLEAR MEDICINE

Patient's Name:	
Appointment Date & Time:	
Exam Ordered:	

** If you must cancel your procedure, please call before 3pm the day before your test or you will be charged a fee to cover the cost of the medication that is not covered by your insurance.*

** If you do not follow the instructions for your test you will also be charged a fee to cover the cost of the medication that is not covered by your insurance.*

** If you are pregnant, think you might be, or even breast-feeding, you must notify our office staff immediately.*

If you have any questions, please call The Pichardo Clinic at (863) 421-9447.

Patient Signature: _____

Date: _____

Office Staff Signature: _____