

McLaren Print System Order

Order No: 7572
Order Date: 2014-12-11
User: Jennifer Dixon
Phone: 810-342-2138

Ship Location: MRI / JENI DIXON
750 S, Ballenger Hwy
Flint, MI 48532

Forms

Quantity: 100
Paragon Dept No: 32113
Dept Name: MRI
Company Number: 60

Order Total Price: 0.00

Item Number: 2244
Item Description: Appointment Notification Form
Revision Date: 12/2014
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLaren Flint
MRI
APPOINTMENT NOTIFICATION FORM

Dr: _____

This is to inform you that your patient _____
was scheduled for an MRI of the _____ Exam _____ MR _____ Date _____
at _____ am / pm.

The scan was not completed because:

- 1. Patient rescheduled to new date
- 2. Patient cancelled without rescheduling
- 3. Patient missed appointment without notice
- 4. Patient was claustrophobic
- 5. The appointment was cancelled due to safety reasons
- 6. Patient was in too much pain
- 7. _____

If you feel that this exam is still pertinent to your patient's care, we would be glad to reschedule them if and when they contact us to do so.

Respectfully,
The McLaren MRI Staff

MR
MR
MR