

APPOINTMENT NOTIFICATION FORM

750 South Ballenger Hwy. • Flint, MI 48532
Phone (810) 235-9311 • Fax (810) 235-9318

5701 Bow Pointe Dr., Suite 110 • Clarkston, MI 48346
Phone (248) 922-6818 • Fax (248) 620-5013

Dr. _____,

This is to inform you that your patient _____

was scheduled for an MRI of the _____ on _____
Exam Date

at _____ am/pm.

The scan was not completed because:

- 1. Patient rescheduled to new date
- 2. Patient canceled without rescheduling
- 3. Patient missed appointment without notice
- 4. Patient was claustrophobic
- 5. The appointment was canceled 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



PT.

MR./RM.

DR.