

**McLaren Flint**  
FLINT, MICHIGAN 48532  
**APPOINTMENT NOTIFICATION FORM**

**McLaren MRI - Flint**

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

**McLaren MRI - Clarkston**

5701 Bow Pointe Dr., Suite 115 • Clarkston, MI 48346  
Phone (248) 922-6818 • Fax (248) 922-6871

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.