Family MedCenters,
Diagnostics

1101 N. ROCK ROAD • DERBY, KS 67037-3735 • TEL 316-789-1134 • Fax 316-789-1195

PLEASE FILL OUT FORM COMPLETELY
ONE COPY TO PATIENT

PATIENT NAME _____(PRINT)

PATIENT DOB_____

*PATIENT AUTHORIZATION FORM

*The exam you have been scheduled for on

*DATE_____

Requires a
24 HOUR NOTICE OF CANCELLATION.

You may cancel by calling FMC Diagnostics at 789-1134 before noon on the day before your scheduled exam.

DO NOT CALL YOUR DOCTOR'S OFFICE TO CANCEL YOUR NUCLEAR MEDICINE APPOINTMENT.

You must call FMC Diagnostics at 789-1134.

If you do not cancel 24 hours prior to your exam, the isotope ordered for your exam WILL BE BILLED TO YOU AND YOU WILL BE RESPONSIBLE FOR THE COST.

By signing this form you are indicating that you have read and understand the above policy.

*SIGNATURE: _____ DATE: _____

*A COPY OF THIS FORM HAS BEEN GIVEN TO THE PATIENT FOR THEIR RECORDS. _____ (EMP. INITIALS)