**MY TEST RESULTS**

**TEST DETAILS:**

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| **Name of test: (CT scan, MRI, X-ray, etc.)** |  |
| **Reasons for doing the test:** |  |
| **Where the test will be done:** |  |
| **Who will perform the test:** |  |
| **Is there any special preparation for the test? Can I eat and drink before the test? Should I take my regular medication?** |  |
| **How long will the test take?** |  |
| **Will I be able to take myself home or does someone have to drive me?** |  |
| **How long will it take to get the results of this test?** |  |
| **How will I get the results of this test?** |  |
| **Is the cost of the test covered under my insurance?** |  |

**OTHER NOTES:**

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