



Doctor-Approved Patient Information from ASCO®

MY TEST RESULTS

TEST DETAILS:

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:
