

Patient MR # _____

Southeastern Cardiology Consultants, P.C.
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Office: (334) 613-0807

IMPORTANT NOTICE REGARDING NUCLEAR CARDIAC STRESS TESTS

Thank you for utilizing **Southeastern Cardiology Consultants** and allowing us to meet your medical needs. You have been scheduled for a Nuclear Cardiac Stress Test. This study involves the use of diagnostic levels of radioactive drugs, which are ordered the day before your study from an outside source. These drugs, called radiopharmaceuticals, are ordered specific for you and your appointment time.

IF YOU CANNOT KEEP YOUR APPOINTMENT, PLEASE CALL THE OFFICE 24 HOURS BEFORE YOUR SCHEDULED TIME. THE RADIOACTIVE DRUGS USED FOR TESTING ARE EXPENSIVE AND CANNOT BE RETURNED!

Based on this fact, if we do not receive notification of your appointment cancellation 24 hours prior, **you will be charged \$210.00 to cover the cost of these drugs.**

Thank you for your cooperation in this matter.

I have read and understand the above statements.

Signed: _____

Date: _____