



Doctor-Approved Patient Information from ASCO®

### MY TEST RESULTS

**TEST DETAILS:**

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

**OTHER NOTES:**
