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## **Appointment Leaflet**

| Your Appointment  |   |   |  |
|---|---|---|--|
| Pat   | tient Particulars:  | Appointment Date/Time:  Estimated Fees for patient: |  |
| •   | Note: Please do not bring valuables or excess cash with yo personal belongings.   | ou. Patients and visitors are responsible for       |  |
|   | Please arrive at least 15 mins before the appointed time to register and prepare for the procedure. We appreciate your understanding should an unforeseen delay occur due to medical exigencies. Kindly inform us if you are unable to keep to the scheduled appointment. |   |  |
| Preparation Instructions for Patient  |   |   |  |
| (Staff to 🗹 the appropriate boxes)  |   |   |  |
| Please report for <u>admission</u> at  (Except PICC, FNA (Thyroid), Nerve Root Block)   |   |   |  |
| □ Patients with diabetes, please stop all medication on the day of procedure. Patients on Metformin to stop medication on the day of procedure and to restart after 48 hours. |   |   |  |
|   | Stop medication date/time: Restart n  | nedication date/time:                               |  |
|   | For patients with asthma / multiple drug allergies / previous reaction to injection of contrast media, please consult your doctor for preparation.  |   |  |
|   | Other special instructions:   |   |  |
|   | Please bring this leaflet on the day of your appointment  |   |  |