



CLERMONT
CARDIOLOGY

RAJ SAXENA, M.D.
INTERNAL MEDICINE & CARDIOLOGY
200 E. HIGHLAND AVE.
CLERMONT, FL 34711
PHONE: (352) 394-3611
FAX: (352) 394-0739

ECHOCARDIOGRAM

I _____, have been scheduled for the above diagnostic
test, on _____. I understand that I must give 24 hours notice
if I am unable to keep this appointment. The charge for not canceling this
appointment is \$75.00, which insurance does not cover.

Patient signature

Date:

Please be aware that we have arranged a technician to come to our facility,
to perform this test for you and we are required to pay them, even if you do
not keep your appointment.