



GREENCITY MEDICAL CENTER

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GMC-RAD-ASF

REV NO. 0

November 2, 2023

GREENCITY MEDICAL CENTER

Department of Radiology

APPOINTMENT SLIP

Date : _____

Last Name SANCHEZ	First Name APRIL Grace	Middle Name LOURNE
REQUESTED PROCEDURE: TRIPHASIC CT scan		<input type="checkbox"/> Plain <input checked="" type="checkbox"/> Contrast
		PROCEDURE COST : ₱ 19,710 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> GL <input type="checkbox"/> HMO : _____
SCHEDULE :	DATE JULY 12, 2025	TIME 10:30 AM
CALL TIME : Arrive 30mins-1Hr BEFORE scheduled time. 15mins. LATE to scheduled time will be rescheduled		

REMINDERS

We aim to see you at your appointment time but please remember that **Emergency patient's and In-patients are scanned as PRIORITY.**

FOR PATIENTS UNDERGOING CONTRAST STUDY: If you had a previous allergic reaction with the contrast please refer back to your requesting physician to give you premedication prior to your appointment.

FOR DIABETIC PATIENTS TAKING METFORMIN MEDICATION please stop in take 2 days BEFORE and 2 days AFTER procedure. Patients taking Insulin as medication may continue with their doctors prescription.

FOR PATIENTS EXPERIENCING SYMPTOMS of cough, colds, fever, difficulty breathing and/or loss taste/smell. Please give us a call for proper rescheduling of your procedure.

INSTRUCTIONS

- Please bring the following:
 - ✓ Doctor's Request / Referral Letter
 - ✓ Letter of Approval (LOA) / Guarantee Letter (GL)
 - ✓ Bring latest X-ray, Ultrasound, CT-Scan, MRI, Endoscopy, Colonoscopy, Biopsy, Operative Report and other imaging films and results or examinations done (if available).
 - ✓ Latest Creatinine Result (7 DAYS VALIDITY ONLY). *(if applicable)*
Advisable date to have the Serum Creatinine Test: _____. *You may send your results thru our email or Viber number.
- FOR PATIENTS WITH MEDICAL INSURANCE / ASSISTANCE :** Please secure your Letter of Authorization (LOA) / Validated Guarantee Letter (GL) prior to the call time.
*****Kung plano po ninyo na asikasuhin ang inyong LOA o GL sa mismong araw ng inyong schedule, mangyari lamang pong maglaan ng sapat na oras para maisaayos lahat bago ang itinakdang "call time".*****
- Patient must not wear : clothes with zippers, metal buttons, glitter, and/or rubberized print
- Please arrive to Radiology Department **30mins-1Hr BEFORE** scheduled time. If you're not here 15mins before your scheduled time, we will call in another patient and you will be queued as walk-in patient and will be reschedule depending on the nearest possible slot.
- For changes in schedule or any other concern's please call or message us at:
Tel. No. : (045) 649 8701-02 loc. 121
Email : greencityradiology@gmail.com
Mobile No. / Viber : 0919-068-8854 (we are using Viber PC, DO NOT call us using Viber)
- When sending inquiries and/or creatinine result, please ensure the following details are included:
 - Patient Name :
 - Mobile Number :
 - Procedure :
 - Attached picture of creatinine result and doctors request
 - Preferred Schedule : (depending on slot availability)
 - Diabetic :
 - Allergies :

CHECK BOWEL PREPARATION AND NEEDS AT THE BACK