

PROXY FOR EXAM REPORT COLLECTION

I, the undersigned (surname and name – Date of birth),

did a diagnostic examination / medical examination on the (date)

authorize Mr. /Mrs. (surname / name)

To collect the report and the photographic documents (if any)
Or potential copies required with dedicated application form

**Kindly attach to this document
a copy of ID card of the patient**

Patient's signature

To be filled in by Sanirad staff

Rif. Fatt. n. _____

Exam report collected on the (date) _____

EXAM REPORT TIMETABLE COLLECTION

FROM MONDAY TO SATURDAY FROM 12.00 A.M. TO 2.00 P.M.
FROM MONDAY TO FRIDAY FROM 6.30 P.M. TO 7.30 P.M.

STANDARD SCHEDULE FOR DIAGNOSTIC IMAGING REPORTS

X-RAY => 90 MINUTES - CT SCAN=> 7 WORKING DAYS - NMR => 7 WORKING DAYS

In order to facilitate the early collection it is possible to, after 3 working days from the exam execution,
call the number 0432/854963 (internal number 248) from 12.00 a.m. to 2.00 p.m. to check if the exam report is already ready for collection.