

Health Literacy Now

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To know more, go to www.healthliteracynow.org

I need a _____

Day and date of test _____ **Time:** _____

How is _____ **done?**

Why do I need this test?

Are there any serious risks of this test?

1. _____
2. _____
3. _____

How can I prepare for the test?

Are there any medications that I need to stop before the test?

What do I do after the test?

Talk to your doctor to find the result of the test.

If you have more questions please talk to your doctor