

Kaiser Permanente Appointment Confirmation

Patient Name: **Tiffany Anderson**
MRN: **07897964**
Appointment Date: **Dec 1, 2009**
Appointment Day: **Tuesday , 10:45 AM**
Provider: **MAGNETIC RESONANCE IMAGING TWO**
Facility: **STOCKTON MEDICAL CENTER**
Department: **MRI/DEPARTMENT OF RADIOLOGY**
Location: **7373 WEST LANE 1ST FLOOR**
Cancellation Number: **(209) 476-2111 (MON-SUN,12 AM-12 PM)**
Rebook Number: **(209) 476-2111 (MON-FRI,8:30 AM-5 PM)**

Appointment Messages: CALL RADIOLOGY 209-476-2111 48 HRS PRIOR TO APPT. FOR PREP INSTRUCTIONS.

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