



Cayuga  
Medical Center



Laboratory

Bone Marrow Appointment

M-F 8am-1pm

THE CENTER IS YOU

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Procedure: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Ordering Physician: \_\_\_\_\_

Performed by: \_\_\_\_\_

Diagnosis Code: \_\_\_\_\_

Scheduled by: \_\_\_\_\_