

Your Appointment Schedule:

Consultation Appointment

Date: _____

Time: _____

Physician: _____

Fiducial Marker Placement Appointment

Date: _____

Time: _____

Physician: _____

CT Simulation

Date: _____

Time: _____

Physician: _____

Daily Treatment Appointment

Date: _____

Time: _____

Physician: _____

Post Treatment Follow Up Appointment with Arkansas Urologist

Date: _____

Time: _____

Physician: _____