

and understanding.

NOTICE ABOUT RESULTS OF TESTS

Please be advised that if you are being sent for further testing you will be given either a follow up appointment at the time of your visit or a phone call will be placed once all results have been received by our office. If an appointment was not available at the time your testing was scheduled and you have not heard from our office within one week following the tests, please call our office to inquire about them. Thank you for your cooperation

| Patient Name | Birth Date |
|-------------------|------------|
| | |
| Patient Signature | Date |