

# Patient Notification

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Your doctor has ordered one or more tests for you. Our office will contact you about the results when they become available. The results will be available in approximately \_\_\_\_\_ days. How would you like to be contacted?

- Please call the following phone number \_\_\_\_\_
  - Is it acceptable to leave a message at this phone number? Yes / No
- Please email my results to me at the following address \_\_\_\_\_
- I would like to know how to access my results at a secure online website.

Parent or Guardian Signature: \_\_\_\_\_

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