

Ottawa Medical Center, P.C.

NOTIFICATION OF TEST RESULTS

Patient Name: _____ Birthdate ____ / ____ / ____

Parent Name: _____

We make every effort to promptly inform you of your test results. In order to better serve you, please let us know how we may contact you with diagnostic testing results including laboratory, x-ray, and pap test reports.

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I authorize the Ottawa Medical Center staff to contact me by phone regarding test results:

Home: _____ Test results may be left on answering machine: Yes
Phone Number No

Cell: _____ Test results may be left on voice mail: Yes
Phone Number No

Work: _____ Test results may be left on answering machine: Yes
Phone Number No

Other: _____ Test results may be left on answering machine: Yes
Phone Number & Identify Location No

If I am not available to take your call, I authorize the Ottawa Medical Center Staff to report my results (or my child's results to):

Name: _____ Relationship: _____
Print Clearly

Phone: _____

Name: _____ Relationship: _____
Print Clearly

Phone: _____

Please notify our office of any changes to the above information as soon as possible.

Patient Signature Date

Parent or Guardian Date