

# Shadow Creek Family Physicians, P.A.

Please provide us with the telephone numbers that you would like for us to call regarding your test results. If you are unavailable, a message may be left for you to return our call.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Please list the person(s), if any with whom we may discuss your medical condition and test results.

NAME	PHONE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please be advised that we will attempt to contact you via phone or mail with all test results, whether normal or abnormal. If you have not heard from us within one week for labs and x-ray studies, or within two weeks for pap smears and biopsies, please contact our office at (713) 436-3697 until you receive your results.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_