SOUTH LAKE OB/GYN & ADVANCED SURGERY
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POLICY NOTICE REGARDING OUT OF OFFICE TESTING

In order to ensure that my physician receives the results of my lab work radiology studies and other test performed at outside facilities:

1) I understand it is my responsibility to obtain tests at the scheduled time intervals.
2) I will call the office if I have not been notified of results after two weeks from the date of testing.
3) I understand that once requesting the results, the office will review them with the providers and will call me in a timely fashion.
   Please note that our office calls patients even with normal results, except during pregnancy or for normal pap tests.

I have read and understand the above practice procedures and agree to comply with the above protocol.

Patient Name:_____Date:_____

Witness:_____Pt Acct#:_____