

# PRIMARY CARE SPECIALISTS, LLC

## TEST RESULT POLICY

**TEST NOTIFICATION PROCEDURE:** It is our intention to call you with your test results or to instruct you that a follow-up appointment is necessary. This applies to all tests, including, but not limited to: labs, x-rays, CT scans, MRIs, Mammograms, ultrasounds, stress tests, echos, doppler studies, biopsies, DEXA. If you have not heard from us within one week after the test was completed, it is your responsibility to contact the office.

It is your responsibility to inform us of any changes concerning your contact information, including phone numbers, mailing address, or alternative contacts.

It is not our responsibility to inform you of any test results ordered by other physicians; however, we will be happy to review these results with you at a scheduled appointment.

I have read and agree to abide by the policies as stated above.

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Patient Signature

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Date

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Print Name