

Progressive Family Care



for a Healthy Future

Telephone Contact Options

We want to contact you with test results in a timely manner that you are comfortable with. Whatever your choices below, we will continue to use appropriate discretion about the nature of the test results and the best way to contact you.

Patient Name: _____ Date of Birth: _____

You may leave voice mails with test results at the telephone numbers listed below:

_____ Home telephone number: _____

_____ Work telephone number: _____

_____ Cell telephone number: _____

You may give test results to the following people who may answer at the above numbers:

Name, Date of Birth, Relationship

Name, Date of Birth, Relationship

Patient/Parent/Guardian (PRINT)

Patient/Parent/Guardian (SIGN)

Date