

Notification of Normal Pap Smear Results

Patient Name _____ Date of Birth _____

Please notify me of a normal Pap smear result by (select one):

- SMS/Text Message Cell Phone # _____
- Email Email Address _____
- Phone/Voice Mail Phone # _____
- Mail Address _____
- _____

About Notifications:

- You will be notified by your provider if your test is abnormal.
- Email notification may be routed to your Junk Mail folder so please check it along with your Inbox.
- This is an automated notification service and as such, the system will not be able to verify the notification recipient at the time of delivery. Do not provide a contact method (e.g. shared home phone number) unless you consent to this type of delivery.
- We will not include any patient identifying information in electronic forms of communication.
- If applicable, the contact information you provide on this form will only be used to notify you of a normal Pap smear result for this office visit.

Sample Notification:

The Pap smear result for your recent visit to Dr. Smith was normal. If you have any questions please contact Dr. Smith's office. Thank you for letting us be of service.

Please allow 5-7 business days for notification (from the date of your visit).

I understand and agree:

Signed _____ Date _____