

*Newport*  
  
*Heart* A MEDICAL GROUP, INC.

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Dear Patient,

Unlike other medical offices, when one of our patients has any type of laboratory test, x-ray or cardiology results pending, it is our office policy to request that the patient call our office for these results. **Do not assume that they are normal** if you have not heard from us. We feel that you should know and if desired, have copies of all tests performed, but that **you** should take responsibility to make sure you know they have been reviewed. If abnormal test results are found, we plan to inform you, however, at times, the results are sent to the wrong physician or to your primary care physician and not to our offices. By your participation in your care and assuring that you know that the tests taken have been received by our office, and reviewed by the physician personally, we can act together as a team to achieve the highest quality health care.

Please sign below so our office is advised that you have been informed of the above policy and understand it fully.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date