

ALLSKIN

DERMATOLOGY

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Patient's Name _____ DOB _____

NOTIFICATION OF TEST RESULTS

It is often difficult for us to reach patients directly by phone when test results are received. In order to help us facilitate this process in a prompt manner, please indicate below if it is OK to leave test results on your telephone voice mail.

YES, PLEASE LEAVE TEST RESULTS ON THE TELEPHONE VOICE MAIL INDICATED BELOW:

_____ Cell Phone Home Phone Work Phone
Telephone Number

NO, PLEASE DO NOT LEAVE TEST RESULTS ON MY VOICE MAIL. THE BEST TIMES AND PHONE NUMBER TO REACH ME ARE INDICATED BELOW:

_____ Day(s) and Time(s)
Telephone Number

COMMENTS:

Signature of Patient

Date