



**Hyndman Area Health Center Inc.**  
144 Fifth Avenue P.O. Box 706  
Hyndman, Pennsylvania 15545  
Phone: (814) 842-3206 Fax: (814) 842-9169  
[hyndmanhealth.org](http://hyndmanhealth.org)

Patient Name: \_\_\_\_\_

Chart Number: \_\_\_\_\_

Dear Hyndman Area Health Center Patient:

This letter is to ask your preference for notification of lab and x-ray results or regarding information about your medications. Normally, if we are unable to reach you by phone, we will leave a message with whoever answers your phone (family member or friend). This message will be that your results were normal, or for you to call the health center for results. If we do not have a working telephone number for you, then we will notify you of results by mail.

However, we may do any of the following. Please check any of the following options that you would prefer:

- 1. Try to contact me by phone, but if you do not reach me directly, **do not** leave any type of message on answering machine on with a relative.
- 2. If you do not reach me by telephone, you **may** leave actual results on the answering machine or with spouse or relative.
- 3. I would like other arrangements. Please specify \_\_\_\_\_

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Thank you very much for your assistance in this matter. We just want to be sure that we notify you in the manner you prefer.

Sincerely your,

Hyndman Area Health Center Staff

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_