

Patient Communication Preferences for Test Result Notifications

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Dear [Insert Patient Name],

Thank you for choosing our healthcare services. We are committed to keeping you informed about your health and test results. To ensure we communicate with you in a way that best suits your preferences, please indicate your preferred methods of communication for receiving test result notifications:

Preferred Communication Method:

- Phone Call
- Text Message
- Email
- Patient Portal

If you choose Phone Call, please provide the best number:

[Insert Phone Number]

If you choose Email, please provide your preferred email address:

[Insert Email Address]

Additional Comments or Instructions:

[Insert Comments]

Thank you for your cooperation. If you have any questions, please do not hesitate to contact our office.

Sincerely,

[Insert Healthcare Provider Name]

[Insert Healthcare Provider Contact Information]