**TEST RESULTS FORM**

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| --- | --- |
| **Name:** |  |
|  |  |
| **Address:** |  |
|  |  |
| **Date of Birth:** |  |

|  |
| --- |
| **Date:** |

Your test results have been reviewed by our Doctor and **we are pleased to advise that the test results are normal.**

Additional Information**:**

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**IF YOU HAVE ANY QUERIES REGARDING YOUR TEST RESULTS OR OTHERWISE RELATED TO YOUR HEALTH THEN PLEASE MAKE AN APPOINTMENT WITH US TO SEE A DOCTOR. ADDITIONAL FEES MAY APPLY.**