



PAP & Mamo Results Request

Patient Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

I hereby authorize and request Dr. _____

Office # _____ Fax # _____

To release my most recent PAP smear results Mammogram Results

I hereby authorize and request Dr. _____

Office # _____ Fax # _____

To release my most recent PAP smear results Mammogram Results

Pease Fax the results as soon as possible:

To: Dr. Bruce S. Worrell @ The Center for Optimal Vitality

Office # (513) 229-9355 Fax # (513) 677-5306

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____