



Emergency Services - Notification of Patient Callback (Form A)

Date: _____
 Patient: _____
 H#: _____

Dear _____,

You were at the _____ Emergency Department on _____.

We could not reach you by telephone. We have attached your test results; please see a doctor to discuss these results. We cannot discuss test results on the telephone.

Please follow the instructions beside the checked box:

- These test results are **URGENT**. Contact your family doctor right away to talk about the results **OR** return to the Emergency Department with this form.
- These test results are not urgent. Contact your family doctor within 7 days to discuss these results. If you do not have a family doctor, return to the Emergency Department to discuss these results with an Emergency doctor.

Please return to the Emergency Department if you have any urgent concerns.

Sincerely,

Dr. _____ MD
 Physician, Emergency Services
 Niagara Health System

- Copy of Results to Dr. _____
- Copy of Letter & Results to Dr. _____



**Emergency Services – Family Physician Notification of Patient Callback
(Form-B)**

Date: _____
Patient: _____
H#: _____

Dear Dr. _____,

Your patient visited _____ Hospital Emergency Department on _____ . Tests were ordered and performed relative to their presenting concerns. Attempts to contact the patient by telephone regarding final test results have been unsuccessful. A letter has been sent to the patient with the following instructions.

Please follow the instructions beside the checked box:

- These test results are **URGENT**. Contact your family doctor right away to talk about the results **OR** return to the Emergency Department with this form.
- These test results are not urgent. Contact your family doctor within 7 days to discuss these results. If you do not have a family doctor, return to the Emergency Department to discuss these results with an Emergency doctor.

A copy of the results of tests performed during your patient’s visit has been enclosed.

Sincerely,

Dr. _____ . MD CCFP (EM)
Physician, Emergency Services
Niagara Health System



**Emergency Services – Referring Organization Notification of Patient
Callback (Form C)**

Date: _____
Patient: _____
H#: _____

Dear Dr. _____,

Your patient visited _____ Hospital Emergency Department on
_____. Tests were ordered and performed
relative to their presenting concerns. Attempts to contact the patient by telephone
regarding final test results have been unsuccessful. A letter has been sent to the
patient with the following instructions.

Please follow the instructions beside the checked box:

- These test results are **URGENT**. Contact your family doctor right away to talk about the results **OR** return to the Emergency Department with this form.
- These test results are not urgent. Contact your family doctor within 7 days to discuss these results. If you do not have a family doctor, return to the Emergency Department to discuss these results with an Emergency doctor.

**A copy of the results of tests performed during your patient's visit has
been enclosed.**

Sincerely,

Dr. _____ MD CCFP (EM)
Physician, Emergency Services
Niagara Health System