

Morristown Cardiology Associates, PA
182 South Street – Suite #5
Morristown, NJ 07960
Tel: 973-267-3944 Fax: 973-455-0399

REQUEST FOR LAB REPORT FOR PRIMARY CARE PHYSICIAN ONLY

Patient's Name: _____

Signature: _____ Date: _____

I request that my Lab Test Results be sent to my Primary Care Physician at:

Physician's Full Name: _____

Physician's Address: _____

PLEASE ALLOW 5 TO 7 BUSINESS DAYS FOR THIS REQUEST.