



**Thornville Family Medical Center**  
**P.O. Box 281, 41 Foster Drive**  
**Thornville, Ohio 43076**  
**Phone (740) 246-6361**  
**Fax (740) 246-4722**

**Larry I Cowan, D.O. Shelby K Raiser, D.O. Melissa J Koppelman, D.O.**

I \_\_\_\_\_ agree that that Thornville Family Medical Center may leave a message on my cell or home phone with the number that I have provided below. Message may indicate lab results, testing results and/or any other message from the office.

I fully understand and accept the responsibility that someone other than me may hear the message left on my machine or phone.

I agree to call the physicians office if I do not personally hear the results of any of my tests or procedures within 4 business days, this includes lab results, x-rays and scans which have been ordered by Dr.Cowan, Dr.Raiser and Dr. Koppelman.

Phone Number: \_\_\_\_\_

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_