Medical access
from prevention to cure
My Urgent Care & More...

COVID-19 RAPID TEST RESULTS

Patient Name: _____ **DOB**: _____
First **Last**

Cell PH No: _____ **Age:** _____

Reason for testing:

- Return to work
- Surgery
- Contact with COVID-19 patient
- Symptoms
- Travel
- Personal

OFFICE USE ONLY

Treating Provider: _____ Date: _____

Technician: _____ Date: _____

Patient Account No: _____

The results of your COVID-19 test results are:

NEGATIVE

POSITIVE

_____
Signature of Provider/Technician