



## Dr. Abraham Betre D.O.

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### Office Policy in Abnormal Pap Smears

This letter is to inform you that in the event that you are informed that your **Pap Smear** is abnormal it is very important and will be your responsibility as the patient to do the following.

- Repeat your pap smear on a regular basis as **you** are instructed by Dr. Betre
- Keep all appointments that are made for **you** by the office staff.
- Make any follow up appointment as instructed by Dr. Betre or staff to the clinic where you see Dr. Betre.
- If you miss an appointment it is **your** responsibility to call the office or clinic to reschedule the appointment.
- I understand it is not Dr. Betre nor his office staff's responsibility once I have been informed of my abnormal pap smear to keep track of me, I assume full responsibility for myself.

I \_\_\_\_\_

(Patient Signature)

(Date)

By signing above, I understand and am aware of the importance of repeating my pap smears and keeping my appointments with Dr. Betre at his private office or the clinic where I see Dr. Betre.

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(Staff Signature)

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(Date)