Lexington Clinic
CANCER CENTERS

The John D. Cronin Cancer Center
KentuckyOne Health Office Park
1401 Harrodsburg Road, A-100 | Lexington, KY 40504
859.258.6520

Richmond Regional Oncology Center
793 Eastern Bypass, Suite G2 | Richmond, KY 40475
859.626.9003

MY TEST RESULTS TRACKER

START DATE: _____/_____/____ **END DATE:** _____/_____/_____

Name: _____ **Date of Birth:** ___ _____ _____ ___
LAST FIRST MIDDLE INITIAL MONTH/DAY/YEAR

Address: _____ **City** _____ **State** _____ **Zip** _____

Phone: _____ **Email:**_____

Please bring your test result tracker form with you to your appointments to review with your provider.

Type of Medical Testing (Example: MRI or Blood Draw)	Testing Date	Results	Questions for Physician