



# Howden Medical Clinic

Urgent Care/Family Practice/Cosmetics

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## Consent to Release Information

To Dr : \_\_\_\_\_  
Fax # \_\_\_\_\_

Please be advised that I \_\_\_\_\_, with  
the Date of Birth \_\_\_\_\_ and Health Card Number  
\_\_\_\_\_ hereby authorize you to release my  
Medical Records to Howden Medical Clinic. I understand  
that any associated cost to transfer such records are my  
responsibility.

Thank you for your assistance.  
Regards,

Patient Name: \_\_\_\_\_  
Signature : \_\_\_\_\_ Date: \_\_\_\_\_