



# Howden Medical Clinic

Urgent Care/Family Practice/Cosmetics

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WWW.HOWDENMEDICALCLINIC.COM

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## Consent to Release Results

To: Howden Medical Clinic (HMC)

Please be advised that I \_\_\_\_\_, with the D.O.B of \_\_\_\_\_ and Health Card Number \_\_\_\_\_

herby authorize HMC to release my results specified below to \_\_\_\_\_.

I understand that this is the authorized person's responsibility to inform me of the results. The physician ordering the test and HMC are not liable if results are not transferred to me.

### Requested results/duration:

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Patient's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_