



# Howden Medical Clinic

Urgent Care/Family Practice/Cosmetics

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## Procedure Consent

I, \_\_\_\_\_, of DOB \_\_\_\_\_ have had the nature of the proposed procedure explained to me along with expected implications of that procedure. I have been advised of the risks of the proposed procedure as well as alternative courses available to me. I have had opportunity to ask questions about the proposed procedure and have had my questions answered to my satisfaction. I understand the information provided to me. After consideration of the information provided, I have given consent to the proposed procedure of \_\_\_\_\_ performed by Dr. \_\_\_\_\_ and staff.

Name of Patient: \_\_\_\_\_

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

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