



Howden Medical Clinic

Urgent Care/Family Practice/Cosmetics

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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 by the person above. This authorization is not for discussion of results with any physician at HMC. The consent is only to obtain a copy of the physician reviewed results with the associated applicable charges from (signature date) _____ to (expiration date) _____.

Specific requested result/test and date

- Blood test result for requisition date of: _____
- Imaging result for requisition date of: _____

Patient's Name: _____

Signature: _____ Date: _____