Howden Medical Clinic

Urgent Care/Family Practice/Cosmetics

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Brampton, ON L6S 4L6
www.HowdenMedicalClinic.com

Phone: 905-790-2666
Fax: 905-459-5000
Email: info@howdenmedicalclinic.com

Consent to Release Information

To Dr : _____
Fax:_____

Please be advised that I _____ ,with the Date of Birth _____ and Health Card Number _____ herby 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.

Patient Name:_____

Signature :_____ Date: _____