



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 _____ hereby 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.

Requested results/duration:

Patient's Name: _____

Signature: _____ Date: _____