



Scioto Urgent Care
6350 Frantz Rd.- Suite H
Dublin, OH 43017

Patient Consent of Release of Information

Where would you like us to contact you?

Home:

If yes, what is your home telephone number_____

Work:

If yes, what is your work telephone number_____

Cell phone:

If yes, what is your cellular telephone number_____

Are we permitted to give lab, diagnostic and/or other test results to any family members?

Yes_____

No _____

If yes, please list names of family member's results may be give to:

Many times when calling, we reach an answering machine or voice mail. Are we allowed to leave a detailed message with lab, diagnostic and/or other test results on the machine or voice mail?

Yes_____

No _____

Patient Name: _____

Date of Birth: _____

SS # _____

Patient Signature _____ Date: _____

** **Note:** Test results of a sensitive nature will continue to only be given directly to the patient.*