



Scioto Urgent Care

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Patient Consent of Release of Information

What is the primary number to reach you? () - _____

Are we permitted to leave a message or voicemail with lab or diagnostic results?
(Please circle one)

YES NO

Are we permitted to give lab, diagnostic, and/or other test results to anyone?
(Please circle one)

YES NO

If yes, please list the names the results may be given to:

Patient Name: _____

Date of Birth: / / **Social Security Number:** - -

Patient or Guardian's Signature: _____ **Date:** _____