



MD MEDICAL CLINICS

OCCUPATIONAL HEALTH SERVICES
MEDICAL DIRECTOR – RICHARD E. HUGHES, M.D.

CONSENT TO RELEASE MEDICAL INFORMATION

CONSENTIMIENTO PARA TRASPASAR INFORMACION MEDICA

I hereby consent and agree to release the results from any tests performed, medical examination, and any forms or personal history including any personal health information in any forms to my employer or perspective employer.
My signature below acknowledges that I have read and understand the information presented.

Yo consiento y estoy de acuerdo que la clinica MD Medical le de toda informacion de mi examen medico, y toda historia medica y personal a mi futuro trabajo.
Con mi firma indico que yo he leido y entiendo esta informacion.

Date / Fecha _____

Signature / Firma _____

Witness / Testigo _____

“Keeping You on Your Job is Our Job”



1300 N. Kraemer Blvd., Anaheim, CA 92806

Telephone: (714) 630-6363 ~ Fax: (714) 630-6318