

Mallard Medical Clinic

10 Mallard Road, Suite C105-106, North York, ON M3B 0A7

Consent Form

I authorize Dr. Safwat Abdulla and the healthcare team at Mallard Medical Clinic to provide medical assessment, treatment, investigations, referrals, and follow-up care as medically appropriate.

I understand that my personal health information will remain confidential in accordance with Ontario privacy legislation.

I consent to communication through phone, email, text messaging, and virtual visits when appropriate.

Patients may opt out of text message communication services at any time by notifying the clinic.

Patient Name:

Phone Number:

Email Address:

Preferred Communication:

Phone

Email

Text Message

Patient Signature:

Date: