CI Medical Center

(Center for Integrated Medicine)

8278-A Bellaire Blvd.; Houston, TX 77036

TEL: 713.272.8858

Please fill out the form below & call our office for an appointment for testing.

Please save the form on your computer before filling otherwise the uploaded form will be blank

Waiver for Medical Doctor Evaluation prior to COVID-19 Testing

PATIENT INFORMATION

Name _____ Date of Birth _____ Age _____
(First Name) (Last Name) (Middle Initial) (mm/dd/yyyy)

Address _____ City _____ State _____ Zip Code _____

Phone Home _____ Work _____ Cellular _____

Email (required for Lab Results Notification via Web Portal) _____

Driver's License No _____ State _____

Sex ◯ Male ◯ Female ***Marital Status*** ◯ Single ◯ Married ◯ Separated ◯ Divorced ◯ Widowed

- I consent to nasopharyngeal testing for COVID-19.
- I understand that I may seek medical evaluation by a physician at CI Medical Center prior to testing, but I have declined this option.
- I understand that I can obtain results from CI Medical Center via the patient portal (if I provide a valid email), by calling on the phone or coming to the facility for a hard copy of the test results. I understand that my COVID-19 test results cannot be faxed or email.
- I understand that CI Medical Center sends out COVID-19 testing to a reference lab and the result's turnaround time is dependent on the reference lab capability.
- I understand that if my result outcome can be negative or positive.
    - **NEGATIVE**
      If the result is negative, this does not infer that I do not have coronavirus, but that the testing result is negative. If I develop symptoms of coronavirus, I understand that I will seek medical advice.
    - **POSITIVE**
      If my result is positive, I understand that it is my responsibility to seek medical advice immediately.

_____
Signature

_____
Print Name & Date

[Please bring your picture ID. We will need to make a copy of your picture ID for our lab to bill the federal government for COVID-19 testing. This consent form will be shared with our reference lab for billing purposes.]

Please upload your completed form via Dropbox link below:
https://www.dropbox.com/request/Na1j2csSjredJYM1PvGE