



**Orleans Family Health Clinic**

210 Centrum Blvd., Suite 101 & 110

Orleans, Ontario K1E 3V7

T: (613) 830-1771 F: (613) 830-2543

DATE: \_\_\_\_\_

TO: \_\_\_\_\_

FAX: \_\_\_\_\_

RE: \_\_\_\_\_

THE ABOVE PATIENT has come under my care. Please forward the medical records, chart summary and copies of any reports that would be useful in my care of the patient to the above address. Of particular interest to me is any history or findings that you may have.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RELEASE TO: (Please do not send original charts. **SEND COPIES ONLY**. Original copies will not be returned.)

- |  |  |
|--|--|
| <input type="checkbox"/> Dr. Ashar Ayub        | <input type="checkbox"/> Dr. Brian Hillier   |
| <input type="checkbox"/> Dr. Hoda Assaad       | <input type="checkbox"/> Dr. Vincent Chan    |
| <input type="checkbox"/> Dr. Ronald Neal       | <input type="checkbox"/> Dr. Patricia Gagnon |
| <input type="checkbox"/> Dr. Hans Jung         | <input type="checkbox"/> Dr. Sylvia Whalen   |
| <input type="checkbox"/> Dr. Kasia Drzewiecki  | <input type="checkbox"/> Dr. Onyi Iffinnawa  |
| <input type="checkbox"/> Dr. Samir Migally     | <input type="checkbox"/> Dr. Jane Bruce      |
| <input type="checkbox"/> Dr. Katherine Baldwin | <input type="checkbox"/> Dr. Judy Moss       |
| <input type="checkbox"/> Dr. Adam Byrne        | <input type="checkbox"/> Dr. Joanne Trenholm |
| <input type="checkbox"/> Dr. Allison Bunney    | <input type="checkbox"/> Dr. Robert Leung    |

**AUTHORIZATION FOR RECORD RELEASE**

I HEREBY AUTHORIZE any physician, practitioner, hospital or clinic by whom or where I have been observed or treated for any reason, to give full particulars thereof, including prior medical history.

I ACCEPT responsibility to pay all charges related to the transfer of these records.

Patient \_\_\_\_\_

Witness \_\_\_\_\_

**Patient Authorization for Record Release**

THIS FAX IS TO BE RECORDED AS PRIVATE, CONFIDENTIAL AND PRIVILEGED. IF THIS FAX HAS BEEN MISDIRECTED, PLEASE CALL (613) 830-1771. THANK YOU! CE DOCUMENT CONTIENT DES RENEIGNEMENTS CONFIDENTIELS. SI CE DOCUMENT PEUT ETRE ACHEMINE AU DESTINAIRE, VEUILLEZ TELEPHONER AU (613) 830-1771. MERCI!