

# PATIENT RECORDS TRANSFERRING OUT

## Orleans Family Health Clinic

101 – 210 Centrum Blvd

Orleans, ON K1E 3V7

T: 613-837-5454 F: 613-837-3781

**RELEASE FROM:**

Orleans Family Health Clinic/Dr \_\_\_\_\_

**NAME OF THE PATIENT**

THE ABOVE PATIENT has requested chart transfer. Please forward the medical records, chart summary and copies of any reports to the address below.

FULL CHART TRANSFER \_\_\_\_\_ SPECIALIST INFORMATION \_\_\_\_\_

**RELEASE TO:**

Clinic/Dr

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

**PATIENT 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 \_\_\_\_\_

Date \_\_\_\_\_