



2044-2048 Victoria Park Ave.
Toronto, Ontario
M1R1v2
Tel.: 416 331 9111
Fax: 416 331 9050

REQUEST FOR RELEASE OF PERSONAL MEDICAL RECORDS

To:

Re:

I, _____ Hereby
authorize _____ to release the
following information to _____

Details: _____

Patient Name: _____

Patient's signature: _____

Witness Name/Signature: _____

Date: _____