



*Christine E.A. Peterkin, MD, CCFP*  
*Tanya L. Norman, MD, CCFP*  
*Hao Sun, MD, CCFP*  
*Philip M. Deacon, BMBS, FRACGP, CCFP*  
*Jodi Colwill, BScN, PHCNP*  
*Samantha Cohen, MN, PHCNP*  
*Patrice Shantz, MN, PHCNP*

11 Andrews Dr. W  
Drayton, ON N0G 1P0  
P: (519)638-3088  
F: (519)638-3982  
E: admin@mapletonhc.ca

## **Release Form**

Date: \_\_\_\_\_

To Dr: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Address: \_\_\_\_\_

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

The above named patient(s) will be and or have attended our health centre for continuing medical care. Please forward any significant information regarding his/her past health. Please do not fax if more than 20 pages.

Thank you

- Christine E. A. Peterkin, M.D., C.C.F.P
- Tanya L. Nomran, M.D., C.C.F.P
- Hao Sun, M.D. C.C.F.P
- Philip Deacon, BMBS
- Jodi Colwill, BScN, PHCNP
- Samantha Cohen, MN, PHCNP
- Patrice Shantz, MN, PHCNP

---

### **Authorization**

I hereby authorize Dr. \_\_\_\_\_ to send all particulars regarding my health care to the above named doctors. I understand that there may be a fee for this service.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Date)