

Consent to Release Medical Records

Ramblewood Medical: Suite 101, 14 Ramblewood Dr, Wasaga, ON L9Z 0C4

P: 705-429-8270 F: 705-429-7611

Drs. Stead, Bak and Brakel

Patient Name: _____

Date of Birth: _____ Health Card Number: _____

Dear Dr. _____

(list your current doctor's name here)

This patient is coming under my care as their Family Physician. Could you please transfer their medical information that will help me in this patients's care going forward including: CPP with PMHx, Meds, FamHx, SurgHx, Immunizations, Preventative Care tests and any other chart information you deem as pertinent.

Thank You Kindly. Drs. Stead, Bak, Brakel

Please release my medical chart to (circle one): **Dr. Stead** **Dr. Bak** **Dr. Brakel**

You may **FAX** the file if 20 pages or less to **705-429-7611**.

Or if the medical file is larger please mail to:

Ramblewood Medical
101-14 Ramblewood Drive
Wasaga Beach, ON, L9Z 0C4
Phone: 705-429-8270

Patient's Consent,

I understand the purpose for disclosing this personal health information to the physician noted above. I understand that I can refuse to sign this consent form.

Patient Name: _____ Signature _____

Witness Name: _____ Signature _____

Date: _____