



HONEYCOMB

· Midwives ·



Christy LeBlanc RM, Cassie Evans RM, Tiffany Woodland RM,  
Emi Koleva RM, Bailey Patton RM, Savannah Schellenberg RM,  
Heather Sinamano RM, Jenny Limoges RM, Tessi Schier RM

## CONSENT FOR RELEASE OF MEDICAL INFORMATION

I hereby give my consent that any relevant medical records and antenatal records from this and previous pregnancies be released to Honeycomb Midwives.

**Client:** \_\_\_\_\_

**Doctor's Name and Clinic Name:**

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

**Signature:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

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

\_\_\_\_\_