

Dr. P. Kyle Mulligan Dr. David C Probizanski  
Ella Besserer, CCPA



The Doctors at Oak  
100-1260 Golf Links Rd  
Thunder Bay Ontario, P7B 0A1  
807-344-0105

Date of Request (DD/MM/YYYY) : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Patient Details:**

Full Name: \_\_\_\_\_

Date of Birth (DD/MM/YYYY) : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Phone Number: (\_\_\_\_) \_\_\_\_\_

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

**Request Details:**

- All Records
- Specialist Reports
- Imaging Results
- Office Visit Notes
- Laboratory Results
- Other (please specify): \_\_\_\_\_

**Date Range for Requested Records:**

From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Preferred Format for Records:**

- Paper Copy (\$30 for first 20pgs + \$0.25 per additional pg + HST)
- Email (small requests only, unable to send large files) (flat rate of \$30 + HST)
- Chart Copy on USB (flat rate of \$40 + HST)

\* Please be advised, we are unable to accept USB's provided by patients due to privacy and security reasons. We will issue a new USB to you for your request. \*

**Preferred Delivery Method:**

- Pick-up In Office
- Mailed to the Address Provided Above (will require payment before we can mail out)
- Emailed (Only for small file sizes; will require payment before we can send out)

\*\*We accept debit, credit and cash for payments.\*\*

**Will you be picking up your records yourself?**

Yes

No

If no, please specify your authorized representative: \_\_\_\_\_

**Authorization Statement:**

I hereby authorize The Doctors at Oak to release the above-selected medical records to myself or my authorized representative. I accept the fees associated with my request, as outlined above, and I acknowledge that they are my responsibility as the patient.

Patient Signature: \_\_\_\_\_

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