Hyde Park Medical & Walk-in Clinic
4-640 Hyde Park Road
London, Ontario
N6H 3S1
Phone: 519-641-3627 Fax: 519-641-3628

Transfer of Medical Records Consent Form

I, _____(Name of Patient)

of, _____Address of Patient

_____ DOB

Authorise Hyde Park Medical & Walk-in Clinic to release the following Health Record Information:

_____

_____ to

_____

_____

_____ Patient Signature

_____ Date

Office Use Only:

Copy Sent: _____

Signature of Practice Representative: _____