

## MEDICAL RELEASE FOR PATIENTS LEAVING EWFHT

Erin Clinic

Rockwood Clinic

Dr. Pete Anderson  
Dr. Meredith Barakat  
Dr. Duncan Bull

Dr. Blair Cappel  
Dr. Lucille Chan  
Dr. Laura Daly  
Dr. Roxanne Trangmar

Dr. Rabia Khan  
Dr. Alejandra Marin

Dr. Andrew Martin  
Dr. Kevin Samson

1-6 Thompson Cr.  
Erin, ON N0B 1T0

175 Alma St., Unit A  
Box 340  
Rockwood, ON N0B 2K0

Phone: 519-833-9396  
Fax: 519-833-9838

Phone: 519-856-4611  
Fax: 519-856-4612

Please check one of the following boxes:

It is hereby requested that for each person named below, a medical file summary be prepared and forwarded to:

New Dr: \_\_\_\_\_

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

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Fax: \_\_\_\_\_

It is hereby requested that for each person named below, a medical file summary be prepared for pick up at the appropriate clinic checked at the top of this form.

Please note that when picking up a medical file summary, anyone aged 16 years or over must pick it up themselves and will be required to show photo ID at the time (i.e. driver's licence or photo Ontario Health Card).

**All information below is REQUIRED:**

First Name	Last Name	Date of Birth (DD/MM/YY)	Signature if 16 years +	If picking up: EWFHT Staff Witness Signature

Please see Page 2 for payment options.

**\*\* Please bring form to either clinic for processing and a quote for the cost of this service as it is not covered by OHIP**

Payment must be received before record transfer can be completed. Please use the following options:

Credit Card Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

Number on back of card: \_\_\_\_\_

Visa  or Mastercard

Cheque  payable to The East Wellington Family Health Team (EWFHT)

Do you require a receipt? Yes  No