

101-605 Royal York Rd, Toronto, ON M8Y 4G5
107-2240 Lake Shore Blvd W., Toronto, ON M8V 0B1
Tel: 416-800-6500 | Fax:416-342-1790 | E-mail: info@citrusmedical.ca

Health Record Request

Date:

To: [Name of MD/Facility] :

Phone:

Fax:

Please select one of the two options:

- I consent to release my medical records to the doctor indicated above
 Please transfer my medical records to the doctor indicated below:

- | | | |
|--|--|--|
| <input type="checkbox"/> Dr. Alia Gray | <input type="checkbox"/> Dr. Hinal Sheth | <input type="checkbox"/> Dr. Nazanin Rajabi |
| <input type="checkbox"/> Dr. Aaren Grigg | <input type="checkbox"/> Dr. Tabitha Tonsaker | <input type="checkbox"/> Dr. Bethany So |
| <input type="checkbox"/> Dr. David Field | <input type="checkbox"/> Dr. Cameron Caners | <input type="checkbox"/> Dr. Lauren Briggs |
| <input type="checkbox"/> Dr. Shaireen Kassam | <input type="checkbox"/> Dr. Sherry Liu | <input type="checkbox"/> Dr. Charlene Antony |
| <input type="checkbox"/> Dr. Nafeesa Khan | <input type="checkbox"/> Dr. Justin Chan | <input type="checkbox"/> Dr. Ravinder Lall |
| <input type="checkbox"/> Dr. Merry Maclellan | <input type="checkbox"/> Dr. Hannah
Weinstangel | <input type="checkbox"/> Dr. Farahnaz Daya |
| <input type="checkbox"/> Dr. Emily McDonough | | |
| <input type="checkbox"/> Dr. Monica Pham | <input type="checkbox"/> Dr. Irene Fung | |

Please send the following: (***WE DO NOT ACCEPT CD or USB CHARTS***)

- Medical summary of the last few years entire records :
 Consult notes -
 Other (please specify) :

Name of patient:

Date of Birth:

Patient Signature:

Date: