



MEDICAL RELEASE FOR PATIENTS LEAVING EWFHT

Erin Clinic

Rockwood Clinic

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

Dr. Kamakshi Ganesan
Dr. Anam Irshad
Dr. Rabia Khan

Dr. Alejandra Marin
Dr. Nancie Parent

Other: _____

1-6 Thompson Cr.
Erin, ON N0B 1T0
Phone: 519-833-9396
Fax: 519-833-9838

175 Alma St., Unit A
PO Box 340
Rockwood, ON N0B 2K0
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 Physician: _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Fax: _____ **Phone:** _____

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 license or Ontario Health Card).

All information below is REQUIRED:

First Name	Last Name	DOB (DD/MM/YY)	Signature (16 yrs+)	If picking up: EWFHT Staff Witness Signature

**** Please return the completed form to the EWFHT clinic for processing and a quote will be provided 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 or Debit Payment: Contact the Office directly **Erin:** 519-833-9396 **RW:** 519-856-4611

Cheque: Payable to the East Wellington Family Health Team (EWFHT)

Do you require a receipt? Yes No