



MILLWOODS

1756 34th Avenue NW, Edmonton, AB T6T 1B1
Tel: 780-462-3008 Fax: 780-462-3064

SPRUCE GROVE

#215 - 20 Westwind Drive, Spruce Grove, AB T7X 0Y5
Tel: 587-461-2050 Fax: 587-461-2051

ONE FORM PER PATIENT

Date: _____

Previous Physician Name: _____

Previous Clinic Name: _____

Previous Physician Phone #: _____

Previous Physician Fax #: _____

Please check one:

I HEREBY GIVE PERMISSION FOR THE RELEASE OF ANY AND ALL INFORMATION PERTAINING TO MY HEALTH, INCLUDING SURGICAL AND MEDICAL LABORATORY REPORTS TO:

I HEREBY GIVE PERMISSION FOR THE RELEASE OF MY CONSULT REPORT TO:

Dr. _____

I understand that this service is **not covered** by Alberta Health Care and that I am responsible for any costs incurred for obtaining these records.

Patient's Name: _____

Date of Birth: _____

Health Care #: _____

Patient's Current Mailing Address: _____

Patient's Current Phone #: _____

Patient's Signature: _____

Witness' Signature: _____

ONCE COMPLETED, PLEASE EMAIL A COPY TO YOUR CONNECTCARE MEDICAL CLINIC.

ConnectCare Millwood: doctors@connectcaremillwoods.com

ConnectCare Spruce Grove: doctors@connectcaresprucegrove.com