

The Bonnyville OB Clinic

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101, 4610 50 Street  
Bonnyville, AB T9N 0G2  
Ph. 780-826-3346 ext. 214  
Fax. 780-826-6362

Request for Medical Information

TO: Dr. \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

RE: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

The above mentioned patient has recently come under my care and I would be most grateful if you could forward the prenatal records and any significant investigations, consults or procedures.

**Any Fee associated with this request is the patient's responsibility**

Thank you kindly,

\_\_\_\_\_  
Brenda Bauer  
Program Assistant for the OB Clinic

I hereby authorize the release of any medical information pertaining to myself and/or my family to the above doctor.

**I realize a fee will likely be associated with the transfer of my Medical records**

Signed: \_\_\_\_\_ Witness: \_\_\_\_\_  
Signature of Patient or Guardian

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Please print name

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