Southlake Academic
Family Health Team

581 Davis Drive, Suite 201. Newmarket, Ontario. L3Y 2P6.
Telephone: 905-853-3103 Fax: 905-853-2533

PATIENT TRANSFER OF MEDICAL RECORDS

Dr.

581 Davis Drive, Suite 201

Newmarket, ON. L3Y 2P6

Phone: 905-853-3103

Fax: 905- 853-2533

Patient Label
[OFFICE USE ONLY]

Consent and Acknowledgment

I, _____ Date of Birth _____

Hereby request that my medical records be transferred to (you may release your medical records to another healthcare provider or to yourself):

Name:

Address:

Phone Number:

Fax Number:

I am requesting the chart as per below:

- ☐ Transfer of medical summary (cumulative patient profile) **recommended*
- ☐ *Transfer of previous 1 (one) year of chart*
- ☐ Entire chart
- ☐ Other: *(provider please specify)*

I acknowledge that there may be a fee and promise to pay any required fees as per the requested transfer of my information[1].

_____ _____ _____

Signature Date Witness

Ontario

[1] *A fee may be charged by the sending physician per OMA guideline fees*