

North Shore Health Associates

Box 370, 517 Main Street

Port Dover, Ontario
NOA 1N0
Ph (519) 583-0552
Fax (519) 583-0645

To:

Fax:

Patient:

Date of Birth:

Requested Reports:

To whom it may concern:

This shall be your good and sufficient authority and you are hereby authorized and directed to fax to us the above requested copies which may include x-rays, reports, Emergency Department records, clinical notes and records, consultation reports, correspondence between doctors, physiotherapy notes, nurses' notes, operative notes and generally anything relating medically to the undersigned.

I understand that the personal information obtained through this request will be used by Dr. Thomas S. Sartor, B.A., D.C. for the investigation and collaboration of my medical condition and treatment.

Signature of Patient

Date

Witness

Date

Steady Path to a Healthy Recovery