



FAMILY AND SPECIALTY MEDICINE

2 CHAMPAGNE DRIVE (CHAMPAGNE CENTRE) TORONTO M3J 2C5

TEL: 416-222-6160 FAX: 416-222-9604

Release of Information

The undersigned authorizes The Polyclinic Family and Specialty Medicine Facility to release the following information concerning the patient's health to _____:

List of Health Information to be released:

Patient First Name

Patient Last Name

Male

Female

DOB(yyyy/mm/dd)

Signature of Patient

Date

(_____)_____
Home phone number

(_____)_____
Business phone number

Signature of Witness

Date

Name of Witness

(_____)_____
Phone number

Please provide copy of patient's picture ID with signature along with signed Release