

RAPID ACCESS TO MEDICAL SPECIALISTS

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For use by Medical Records Manager ONLY

RELEASE OF MEDICAL RECORDS (SPECIAL CASES)

For use by: parent whose child (under 18) is under their custody by court order, legal guardian of child (under 18)

NOTE: BEFORE YOU FILL THIS FORM, VISIT OUR CLINIC TO MEET WITH MEDICAL RECORDS MANAGER BETWEEN 9AM-3PM MONDAY - FRIDAY TO DISCUSS REQUIRED DOCUMENTATION.

SECTIO	N-A: Pati	ent Inform	ation				
Last Na	ame:				Date of birth:		
First Na	ame:				Health Card #:		
E-mail:					Version Code:		
Cell:					Phone:		
	,						
SECTION-B: Custody parent/Legal Guardian					SECTION-C: Recipi	ient Information	
Last Name:				Recipient Name:			
First Name:				Recipient Mailing			
Cell:					Address:		
SECTIO	N-D: Med	dical Recor	ds				
Check	1		cord requested:	Spe	cify time period fr	om which you are requesting	
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-117	Investiga	ation Repo	rt(s)	Start Date:			
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		ation repor		End date:			
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