



2585 Beech St.
Halifax, Nova Scotia
B3L 2X9
T: (902) 407-0808
F: (902) 407-0809
www.halifaxnaturopathic.ca

Patient Information Release Form

Patient Name: _____

Doctor's office or clinic information

Name: _____

Health Card #: _____

Phone: _____

DOB: _____

Fax: _____

Please provide the following information:

Documents/ Materials to be released to:

- Patient records
- Imaging reports
- Imaging (CD or print)
 - Radiographs
 - MRI
 - CT
 - Ultrasound
- Insurance/WSIB reports
- Blood work: _____
- Pathology report

- Dr. Rosalyn Hayman, ND
- Dr. Sarah Baillie, ND
- Dr. Ellen Conte, ND

I, _____, authorize the release of this information to the above named party.

Patient Signature

Authorizing Signature

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