



5110 St. Margaret's Bay Rd. Suite 201 Tantallon NS B3Z1E2 Tel: 1-902-826-9096 Fax: 1-902-820-9399

Holly Zwicker MD, CCFP
Shauna Herman MD, CCFP
Jennifer O'Connell MD, CCFP
Melissa Wallace MD, CCFP
Koleen Jensen MD, CCFP

Jill Robertson MD, CCFP
Laci Williams MD, CCFP
Robyn Langelaan MD, CCFP
Rachel Doucette MD, CCFP
Kristen Dunn MD, CCFP

Authorization for Medical Record Release

PATIENT _____ D.O.B: _____ HC#: _____

Parent or Guardian (if under 18 years old) _____

The above named patient(s) will be attending Crossroads Family Practice and is (are) requesting their chart(s) to be transferred.

I hereby authorize any physician, practitioner, hospital or clinic, by whom or where I have been treated for any reason to give full particulars thereof, including prior history, lab work and diagnostic imaging reports. Thank you.

Date: _____

Signed: _____