

PATIENT REQUEST TO ACCESS PATIENT RECORD

I, _____ request to examine or to copy the patient record
(name of applicant)

completed at the Renfrew Victoria Hospital with regard to the patient as specified below:

PATIENT NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

PATIENT RECORD REQUEST:

Date of treatment or discharge: _____

Report/Documents requested (please specify): _____

I am requesting this record for the purpose of: _____

I understand there is an administrative charge payable upon request for this information.

Signature of applicant

Signature of witness

Dated the _____ day of _____ 20 _____

NOTE: