Ontario Network of Experts in Fertility
life through knowledge

McMaster University Department of Obstetrics and Gynecology

3210 Harvester Road,
Burlington, Ontario, L7N 3T1
P 1.877.663.0223 F 905.639.3810
www.onefertility.com

RELEASE | Direction for Release of Medical Records

I, _____, do hereby authorize my physician or healthcare provider:
Patient Name

Healthcare Provider Name: _____

Healthcare Provider Phone Number: _____

to release:

☐ any and all of my medical records (including all prior medical history) and/or medical information

☐ a specific report, form, note described as: : _____

to:

ONE Fertility
3210 Harvester Road
Burlington, ON
L7N 3T1

Phone: 905-634-4440

Fax: 905-639-3810

Email: info@onefertility.com

Patient Name: _____ DOB: _____
(please print clearly)

Patient Address: _____

_____

Patient Phone Number: _____

Health Card: _____ Version Code: _____

Patient Signature: _____ Date: _____

You may only request your own personal health information and/or records.