



Uxbridge Community Midwives
2 Campbell Drive, Unit 207, Uxbridge, ON, L9P 1H6
Phone: 905 862-3535, Fax: 905 862-3536

RECORDS RELEASE FORM

Date: _____

To: _____

Fax: _____

Dear _____,

We have become involved in the care of _____.

We are requesting the following records:

- Antenatal record 1 and 2
- Recent Bloodwork
- Ultrasound Reports
- Pap Smear
- Other _____

Thank You,

Tiffany Haidon, RM – Rebecca Crone, RM - Allannah Shah, RM
Elizabeth Schonewille, RM- Kaleigh Wolfe, RM

I consent to the release of my records to Uxbridge Community Midwives.

Client Signature: _____

Health Card: _____

D.O.B: _____