



AUTHORIZATION FOR RELEASE OF INFORMATION CONTAINED IN THE MEDICAL RECORD

Last and first name of patient : _____

Date of birth of patient : _____

MHI file number (if known) : _____

Phone number : _____

Authorizes the Montreal Heart Institute to send to the following address :

Copy of the following documents :

Laboratory results

Results of the following tests : _____

Case summary

Other, please specify : _____

For care, visit or examination relating to following dates :

PATIENT'S SIGNATURE : _____

DATE : _____