

# Sunnyhill Pediatric Clinic

Northhill Shopping Centre, 2nd Floor, Professional Offices  
#200, 1632 - 14 Avenue N.W. Calgary, AB T2N 1M7

Tel: 403-284-0001 Fax: 403-284-1593

Neil DJ Cooper\* MD, FRCPC, Dip. Sport Med

Renée Farrell MD, FRCPC

Cody Flexhaug\* MD, FRCPC

Jennifer Landero\* MD, FRCPC

Christopher Lever\* MD, FRCPC

Steven Olliver MD, FRCPC

Robert Shyleyko\* MD, FRCPC

Lori Walker MD, FRCPC

Desiree S. Yow MD, FRCPC

\*Professional Corporation



## MEDICAL INFORMATION REQUESTED BY PATIENT

Request sent to Doctor \_\_\_\_\_

Patient Name \_\_\_\_\_

PHN \_\_\_\_\_ DOB \_\_\_\_\_

Telephone Number \_\_\_\_\_

The above patient is 18 years of age or older and requires their medical records as they are no longer under the care of the Sunnyhill Pediatric Clinic.

### Specific Information Requested

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There is a fee of \$35.00, (payable by Cash, cheque, debit, credit) for medical records as they are not covered by Alberta Health and Wellness. Please note we only provide medical records via USB.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_