

Sunnyhill Pediatric Clinic

University District, Central Block

Unit 305, 4015 University Ave NW, Calgary, AB, T3B 6K3

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

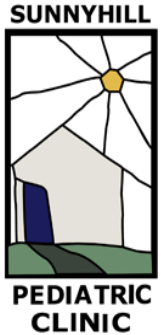
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Kirsten Sjonnesen MD, FRCPC Ped Neuro Christopher Lever* MD, FRCPC Robert Shyleyko* MD, FRCPC

Courtney Leach, MD, FRCPC * Professional Corporation



HEALTH INFORMATION ACCESS REQUEST

Patient Name: _____

Patient Date of Birth: _____

Patient Health Care Number: _____

I would like to request the following health information for the patient mentioned above from

SUNNYHILL PEDIATRIC CLINIC: _____

(specify full chart, partial chart, etc)

I understand the information will be provided to me on a USB drive and there is a \$35.00 fee associated with it.

Dated this _____ of _____, _____
(day) (month) (year)

Signature of patient/authorized representative *

*If you are signing on behalf of the patient, the following information must be provided:

PRINT Name of Authorized Representative

Relationship to Patient