



**Julia Bailey #89460 -- Birte Paschen #89172 -- Vanessa Samur #89353**

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### **Consent for Release of Medical Information**

**Date:** \_\_\_\_\_

**Dear:** \_\_\_\_\_

I hereby request that my relevant medical records and prenatal records from this and previous pregnancies be released to Registered Midwives; Julia Bailey, Vanessa Samur & Birte Paschen.

Please include results of laboratory tests and investigations (including PAP smears, vaginal swabs and ultrasounds) done in this pregnancy, as well as current and previous BC Antenatal 1&2, and birth records from previous pregnancies (if applicable).

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**BC Care Card#:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Home phone #:** \_\_\_\_\_

**Cell/alternative #:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Witness:** \_\_\_\_\_