

Sample of the Canadian Association Release of Information Form



CANADIAN ASSOCIATION OF ORTHODONTISTS
RELEASE OF INFORMATION

I, _____

of _____

hereby authorize (check as appropriate):

- (a) Dr. _____
- (b) the staff of the _____ Hospital
- (c) the staff of the _____ Clinic

to release any information contained in my record held by _____

for the purpose of referral to the following agencies or institutions or individuals:

Dated at _____ this _____ day of _____ 19 _____

(signature)

WITNESS:

(signature)

(Name of Witness – printed/typed)