CALEO HEALTH

Riley Park Village
200 – 1402 8the avenue N.W.
Calgary, AB T2N 1B9

Ph: 403-452-0999 or 403-374-0781
Fax: 403-452-0995
http://www.caleohealth.ca

RELEASE OF INFORMATION CONSENT FORM

MEDICAL INFORMATION TO BE RELEASED TO CALEO HEALTH

This is to certify that _____ has requested that Dr. _____ release medical records/information on his/her behalf to Caleo Health.

Name of Organization: _____

Address: _____

_____

Tel/Fax #: _____

By signing below, I hereby authorize Caleo Health or any agent acting on behalf of the aforementioned to collect any or all relevant medical information pertinent to my case from: the above mentioned party or representatives. I acknowledge that I may withdraw my consent at any time in whole or in part.

_____
Patient's Name

_____
Patient's Signature

_____
Witness Name and Signature

_____
Date