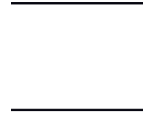




Health Sciences North
Horizon Santé-Nord



Physiotherapist: _____

Address: ADVANTAGE PHYSIOTHERAPY & SPORTS INJURY CLINIC
 6-428 Westmount Ave.
 Sudbury, Ontario, P3A 5V8
 Tel: 705-566-7200 Fax: 705-566-8200
 Email: admin@advantagephysio.ca

Patient's Name: _____

Date of Birth: _____

Health Card #: _____

Exam Requested: _____
(be specific) (Body Part) (Type of Exam)

I, _____, request and authorize the release of my diagnostic images and/ or health care information to the Physiotherapist named above.

(Patient Signature)

(Date)

(Witness Name)

(Witness Print Name)

PLEASE FAX REPORT BACK TO 705-566-8200