

LONGEVITY PROJECT

MEDICAL RELEASE FORM

29 Kilworth Park Drive

Komoka, Ontario

N0L 1R0

(p) 226-688-4618

(f) 519-474-0220

Patient First and Last Name _____

Date of birth _____

The above patient has requested an appointment with my office. I am requesting medical documentation to support their condition. X-Rays, CT scans, MRI, clinical notes pertaining to their injury or ailment. Please forward the above to my office by fax or in hand to patient

Regards,

Dr, Mike Hart, MD

CPSO 94570