
Medical Records Release

Name (or patient sticker)

I, _____ give MD Connected Ltd. permission to share the following personal health information:

- Diagnostic test results (ex; x-ray, ultrasound, bloodwork, urine test, FOBT, etc...)
- Nursing Assessment notes (please record date of visit _____)
- Physician's assessment/diagnosis
- General health information (non-specific, non-identifiable information)

Please share this information with the following:

Signature of patient

Date

Details of reports sent: _____

By: _____