



Dr. Sheldon Wood Professional Corporation
1381 Regent St., Suite 201, Fredericton, NB E3C 1A2
Phone: (506) 458-0259
Fax: (506) 206-7770

AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION

Name: _____

Address: _____

Date of Birth: _____

Medicare: _____

I hereby authorize _____

to release the following information to the organization or individual listed below:

Dr. Sheldon Wood
1381 Regent St, Suite 201
Fredericton, NB
fax: 506-2067770

The information requested is:

Any significant information you may have concerning this patient, including laboratory and x-ray reports.

The purpose for which this information will be used is: **Medical**

Signature of Patient/Guardian

Witness

Date