# AUTHORIZATION TO RELEASE INFORMATION CONTAINED IN THE MEDICAL RECORD

DT9113

Surname and given name(s) at birth: Kerwood Roy, Anthony

Name now used: Roy Kerwood

Present address of user: 3733 Sunset St, Burnaby , BC, V5G1T1

RAMQ No.: BC Health Care no:9138 14

Birthdate: Year 1949 Month 08 Day 29

File number:

Date of admission:

Surname and given name(s) of father: Kerwood Lionel Anthony

Suname and given name(s) of mother: Brennan Adeline, Bertha

Other names used previously:

I, the undersigned, Roy A, Kerwood of 3733 Sunset St., Burnaby BC, V5G1T1
Name and address

In my capacity of patient
User or person authorized

Authorize the establishment HÔPITAL GÉNÉRAL DU LAKESHORE

To send the following information complete medical reports regarding my hospitalization at the above Hospital on or about May 4th 1990

to: Dr. L. Kalinowski , 305-1160 Burrard St Vancouver, BC V6Z 2E8 Canada

Concerning the care or services received during the following period: May 1990

May 1990

Such information in contained in the dossier of the above-identified user.

**This authorization is valid for a period of** 365 **days following the date this document was signed.**

Signatory: user or authorized person

Year 2015 Month 08 Day 14
Date

Witness to the signature

Year 2015 Month 08 Day 14
Date

***N.B.: It must be assured that the persons signing this form are authorized to do so in accordance with the legislative texts in force. Where necessary, please indicate the capacity (guardian or holder of parental authority) in which the person is authorized to sign.***