

**THORNHILL VILLAGE FAMILY HEALTH ORGANIZATION**

18 Centre Street

Thornhill, Ontario L4J 1E9

Telephone: 905-889-3634 Fax: 905-889-3986

www.thornhillmedicalcentre.ca

Date: \_\_\_\_\_ Dr. \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I have chosen to attend Dr. \_\_\_\_\_ as my personal family physician.  
Would you please forward any pertinent medical information you might have in your files, to the above address. In doing so, I hope to provide good continuity of care for myself (and family members, if any).

I understand that the transferring of medical records is not a benefit which is incurred under OHIP, and if there is a charge for this service, that I am responsible for it. Please forward your bill for the preparation of your report directly to me for prompt attention.

Thank you.

Patient names:

Date of Birth:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please kindly forward the following information for the above patient:

- ☐ Entire records
- ☐ Significant labs and consultation reports over the last 5 years, including a summary of past Medical
- ☐ History and Immunizations
- ☐ Most recent results: \_\_\_\_\_ (pap, blood work, X-ray, ultrasound etc.)

\_\_\_\_\_  
Signature of patient requesting chart

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Patient's current address

DR. NICK VOUDOURIS  
DR. COLLEEN CHEUNG  
DR. GARWAY WONG  
DR. MEAGAN THANG

DR. ROY BLACHOWITZ  
DR. STELLA ARBITMAN  
DR. LYDIA CHEUNG

DR. JANET MORSE  
DR. ROBIN ROSEN  
DR. MICHEL BEAUSOLEIL