



## Thames Valley Midwives

434 Maitland Street Suite #1 London, Ontario N6B 2Z2

Phone 519-433-5855 Fax 519-455-4659

email: [info@tvm.on.ca](mailto:info@tvm.on.ca) website: <http://tvm.on.ca>

Date:

To:

Fax:

RE:

I hereby give consent to the medical records department of the above-named institution to release the medical record(s) indicated below to the Thames Valley Midwives.

Witness:

Signature:

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Records Requested:

Lab reports

Ultrasound reports

Consult reports

EFTS reports

Other:

Thank you!