

Date _____

Dear Dr. Drucker

Please transfer a copy of my medical records (Patients name) _____
and UHN Medical Record number _____ to:

Drs. Name: _____ Address: _____

Drs. Fax number: _____ Phone number _____

Please be advised that the cost of this service is not covered by your health insurance. By law, your original record must be kept in Dr. Drucker's office for at least 10 years after your last professional visit.

The cost of the physician chart review, duplication, and transfer of your medical records is **\$39.45 for the first 10 pages and \$1.00 per page thereafter.**

Your chart has _____ of pages. The charge will be \$ _____.

Please indicate your choice of payment option with a check mark and return this form to our office.

Cheque (**payable to the Department of Medicine**) included with this consent form. Your chart will be sent directly to your new doctor.

Cheque not included with consent form. Our office will notify you when the records are ready and will forward the record on following receipt of payment.

When your chart is ready, we will notify you and you will come to the office to pick up your record and settle your account.

Visa – Please call the office.

Alternatively, patients can request copies of their medical records from the Health Records Department at the University Health Network (416) 340-3416. **UHN charges \$50 for the first 10 pages and \$0.50 per page thereafter.**

Signature of Patient: _____ Date: _____

The office of Daniel Drucker, MD, FRCPC V 416-361-2661 F 416-361-2669
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