

# *Dauphin Medical Clinic*

622 - 3<sup>rd</sup> St. S.W. Dauphin, Manitoba R7N 1R5

Telephone: (204) 638-6445 Fax: (204) 638-5670

I \_\_\_\_\_ authorize \_\_\_\_\_  
to access all of my medical records, letters and forms on  
my behalf.

or

I \_\_\_\_\_ authorize \_\_\_\_\_  
to pick up letters or forms on my behalf.

I understand that it is my responsibility to Add or Delete anyone from my  
Consent to Forms or Medical Information.

**SIGNATURE:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**FAMILY DOCTOR:** \_\_\_\_\_