



Records Request Form

Markham Midwives // Suite 107. 6633 Hwy 7, Markham, ON L3P 7P2

P: (905) 209-0330 // F: (905) 209-7295

DATE: _____

TO: _____

FAX NUMBER: _____

This is my signed request for copies of any medical records pertaining to my current pregnancy be forwarded to Markham Stouffville Midwives. Please forward my records by mail or fax to my Midwife at the number above.

Please release the following:

- ☐ Antenatal 1 & 2
- ☐ Public Health Labs
- ☐ Routine Blood Work
- ☐ Ultrasound Results
- ☐ Genetics Testing (NIPT/ FTS/ IPS/MSS)
- ☐ GCT or OGTT Results
- ☐ MSU/Routine Urine Results
- ☐ Previous Operative Notes From Prior C-Sections
- ☐ Pap Results
- ☐ Other _____

Client Information

Client Signature: _____