



# Records Request Form

Durham Midwives // 138 Old Kingston Rd Ajax, ON. L1T 2Z9

P: 905-427-5407 // F: 905-427-6090

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

TO: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

This is my signed request for copies of any medical records pertaining to my current pregnancy be forwarded to Midwifery Services of Durham. 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 Urnine Results
- Previous Operative Notes From Prior C-Sections
- Pap Results
- Other \_\_\_\_\_

**Client Information**

Full Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_

HC#: \_\_\_\_\_

Client Signature: \_\_\_\_\_