



Dr Helena Mentz, MD
Suite 236 Mayfair Place
6707 Elbow Drive SW
Calgary AB T2V 0E3 Canada
p +1 (403) 259 3300 | f +1 (403) 259 3355
e clinic@doctorhelena.ca
w doctorhelena.ca

CONSENT TO RELEASE INFORMATION

I, _____ allow my medical information to be released to
my family doctor.

My family doctor is:

Name:

Clinic name:

Address:

Phone no.:

Fax no.:

Email no.:

Signed: _____

Date: _____