

West Hargreave Medical Centre

West Hargreave Medical Centre
100 West Hargreave Road
West Hargreave, Ontario
L9R 4K1
Tel: (905) 882-1111
Fax: (905) 882-1112
www.westhargreave.ca

2024-2025

Dr. [Name]
[Address]
[City, Province, Canada]

Re: [Patient Name] (DOB: [Date])

Dear Dr. [Name],

The following information is being provided to you for your information. The patient has been advised of their rights and has given their consent for this information to be shared with you. The patient has been advised that this information is being shared with you for your information only and is not to be used for any other purpose. The patient has been advised that this information is being shared with you for your information only and is not to be used for any other purpose. The patient has been advised that this information is being shared with you for your information only and is not to be used for any other purpose.

Sincerely,

West Hargreave Medical Centre

This document is a summary of the information provided to you for your information only. It is not intended to be used for any other purpose. The patient has been advised of their rights and has given their consent for this information to be shared with you. The patient has been advised that this information is being shared with you for your information only and is not to be used for any other purpose. The patient has been advised that this information is being shared with you for your information only and is not to be used for any other purpose.

West Hargreave Medical Centre
100 West Hargreave Road
West Hargreave, Ontario
L9R 4K1
Tel: (905) 882-1111
Fax: (905) 882-1112
www.westhargreave.ca