



HUGH G. JELLIE, MD FRCS(C)
CATARACT, CORNEA & REFRACTIVE SURGERY
Suite 306, 564 Belmont Avenue West
Kitchener, ON. N2M 5N6

Tel: (519) 579-2020
Fax: (519) 579-0800

www.kweyemd.com

RELEASE OF INFORMATION

To: _____

Patient: _____

Date of Birth: _____

I hereby authorize the release of my medical information to:

Dr. Hugh G. Jellie, M.D., F.R.C.S.(C)
Belmont Professional Building
564 Belmont Avenue West, Suite 306
Kitchener, Ontario
N2M 5N6

Date

Patient's Signature