

555 UNIVERSITY AVENUE
TORONTO, ONTARIO
CANADA M5G 1X8
PHONE (416) 813-1500

THE HOSPITAL FOR SICK CHILDREN

Date: 10-28-99

Your File #: R 10704/98

To: D. Mace



Re: LISA SHORE

HSC#: 1631889

Enclosed please find:

Please Revoke the Doctors
Orders for Admit 10.21.98
with the final orders
I have a copy of what you
have + a copy of what

- Your request has been referred to you should for a separate reply from their records. have
- We are unable to identify this patient. Please complete the enclosed questionnaire and return it to our office.
- In accordance with the Public Hospital Act and with HSC policy, we must have a valid, originally written and signed authorization before any information can be released.

- In accordance with the Mental Health Act, a Form 14 must be completed before psychiatric information can be released.
- We have no record of the specified report, visit or follow-up. If other specified reports are required, please notify our office in writing.
- The hospital must have a written request stating a specific reason for obtaining a copy of the record.
- Prepayment of \$ _____ is required prior to processing your request.
- Other: _____

OPTICAL DISK

Health Record Department
Direct Line 813-7577

[Handwritten signature]
[Handwritten initials]