



Date: \_\_\_\_\_

Dear \_\_\_\_\_,

I hereby request that my relevant medical records and prenatal records be released to registered midwife, Dr. Trang Duong ND, RM.

For the current pregnancy:  
Antenatal records I and II  
Ultrasounds  
Laboratory results and investigations

For Previous Pregnancies:  
Antenatal records I and II  
Labour and Birth Summary  
Newborn record I and II  
Operative or consultation reports

Other:  
Relevant gynecological records  
Pap smear results

Patient Name: \_\_\_\_\_

Date of Birth (dd/mm/yy): \_\_\_\_\_

PHN#: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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

Thank you.