



# QUEENS VILLAGE FOR SENIORS

518 Queens Avenue, London, Ontario N6B 1Y7  
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## ***CONSENT FORM***

I, \_\_\_\_\_ give consent for  
any release of medical information and records to Queens Village for  
Seniors for use by my physician and nursing staff.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witnessed by \_\_\_\_\_