

Request to Access Health Information

This form is to be filled out by the patient requesting access to their own personal information held by EFW Radiology in accordance with Alberta's Health Information Act (HIA).

Mail to: EFW Radiology, c/o Patient Records, 312 3883 Front Street SE, Calgary, Alberta T3M 2J6, Canada; Fax: 403-541-0006; Email: patientrecords@efwrad.com

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