



DR. EMMANUEL PARENTEAU

PAIN RELIEF & REHABILITATION

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MEDICAL RELEASE FORM

I, _____ give
permission to

_____ (NAME OF DOCTOR) to
release medical information to:

Dr. Emmanuel Parenteau

Suite 1B – 1830 Oak Bay Avenue, Victoria, BC

Phone: 250-589-6325

Fax : 250-592-2492

Signature of patient

date