

# Patient & Family Library Information Request Form



TWH

If you are looking for health information, please fill out this form  
and we will do a search for you (this is a free service)

Today's Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

**Please choose one of the following options:**

- I will come to **pick up** the information on (date) \_\_\_\_\_
- **Please call** me when the information is ready. **My phone #** is \_\_\_\_\_
- Please **e-mail** the information to me. **My e-mail** is: \_\_\_\_\_
- Please **mail** the information to my **home address**: \_\_\_\_\_

**Please write your question below in your own words:**

## Patient & Family Library

WW 1-421 Toronto Western Hospital 399 Bathurst Street, Toronto ON M5T 2S8  
Tel: 416-603-6277 Fax: 416-603-5310 Email: [twpfl@uhn.on.ca](mailto:twpfl@uhn.on.ca)  
Website: [www.uhnpatienteducation.ca](http://www.uhnpatienteducation.ca)

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**Author: Patient & Family Library**

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