

Sun Life Patient & Family Resource Centre

# Health Information Request Form



## Disclaimer

Please note that our response will be for informational purposes only. Please do not act on any information provided without first discussing with your health care provider.

## Date of Request:

Please allow 7 business days for us to complete your request.

## Your name:

Patient

Family Member/Caregiver

Health Care Provider

Other

## Your phone number or e-mail address:

(We will only contact you if we have follow-up questions to help us complete your search)

## Please choose how you would like to receive your response:

I will pick up my Health Information package on

I would like the package emailed to me at

I would like the package mailed to me.

My address is:

## Your Health Information Question

### Main topic/subject:

Tell us in your own words what you would like to know about this topic.

Please be as detailed as you can so that we can best answer your questions.