KANATA CLINICS

Burke Mountain Medical Centre
#210-1465 Salisbury Avenue,
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Phone: 604-941-8277
Fax: 604-941-5622

Coquitlam Medical Clinic
#501- 2992 Glen Drive,
Coquitlam, BC, V3B 0A3
Phone: 604-941-8277
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To: Dr._____ Date:_____

Fax:_____

Name:_____ DOB:_____

The above named patient is now attending Dr./NP. _____ at our clinic and it would be appreciated if a summary of his/her records could be forwarded to this office. Please do not send the entire chart. Thank you.

I am particularly interested in information regarding: <u>All Medical Records</u>

Please also send a summary of records for the following family members:

_____

_____

_____

To the patient: I understand that this service is not a recognized “medically required service” and is not covered by my medical plan. I REALIZE THERE MAY BE A CHARGE FROM YOUR OFFICE FOR THIS SERVICE AND AM RESPONSIBLE FOR PAYMENT OF SUCH CHARGES.
My current mailing address: _____

Patient’s Signature:_____