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Dr. K. Barrick

Dr. B. Hone

Dr. C. McPherson

Dr. C. Badger

Dr. E. Morin

Dr. R. Eeles

Dr. C. Grundling

REQUEST TO TRANSFER MEDICAL RECORDS

Previous Doctor's Name: _____

Telephone: _____

Fax: _____

Dear Doctor noted above:

I am now attending the office of Dr. _____ for medical care. I would appreciate you sending a summary of my medical records to the abovementioned physician at Ridgeview Medical Centre, at your earliest convenience. Below is my medical information for your reference:

I, _____, hereby authorize release of my medical records to Dr. _____ at Ridgeview Medical Centre, Canmore.

I understand that this is an uninsured service which is not covered by my medical insurance plan. I accept that there may be a charge associated with this service and that I am responsible for paying that charge. PLEASE CONTACT ME CONCERNING THE FEE PRIOR TO COPYING MY RECORDS.

Thank you,

Patient Signature

Date

***Instructions for patient:** Please complete, sign and deliver this request to your previous clinic.