



#201-3320 Richter Street Kelowna, B.C. V1W 4V5

### **Request for Medical Records**

Doctor Name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Clinic Phone: \_\_\_\_\_

Clinic Fax: \_\_\_\_\_

RE: \_\_\_\_\_

DOB: \_\_\_\_\_

Dear: \_\_\_\_\_

Please release the medical records related to my treatment under your supervision. This information will be used to further assist with my medical care.

Please include the following:

- Chart Notes
- Lab Results
- Diagnostic Imaging
- Specialist Consultations

Please fax or mail these records to :

Dr. Pagdin  
#201-3320 Richter Street  
Kelowna, BC V1W 4V5  
Ph:250-717-3200  
Fx: 250-717-3220

Thank you,

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