

PAGDIN HEALTH
LIVING LONGER BETTER
————— Dr. G. Pagdin Inc. —————

Dear Patient,

Please complete the following **Request for Medical Records Form** and return to Pagdin Health via surface mail, email, fax or in person. Once we have the completed form, we will coordinate with your family physician to get the selected medical records.

Thank you.

Pagdin Health

Dr. Grant M. Pagdin, MD, CCFP, FCFP, ABAARM
Anti-Aging and Regenerative Medicine
#1-1131 Lawson Avenue, Kelowna BC V1Y 6T8
ph 250-717-3200 fax 250-717-3220
www.pagdinhealth.com



Request for Medical Records

Date: _____

I, _____ with a date of birth of _____ request
Patient Name **DOB**

the release of my most recent Hematology Profile (CBC test) and radiology report (CT, MRI,

X-ray or ultrasound) of my _____
Body Part(s) - Example: Hip, Knee, Shoulder

from Dr. _____ at _____.
Family Physician Name **Clinic Phone Number**

Please fax or mail these records to:

Dr. Grant Pagdin
#1-1131 Lawson Ave
Kelowna, BC V1Y 6K3
Ph: (250) 717-3200
Fx: (250) 717-3220

Thank you,

Patient Name

Patient Signature

MOA- Please note that the transfer of these records is for diagnostic purposes only and does not indicate a transfer of routine care.