

Date: _____

Request for Medical Records

RE: Patient's Name: _____

Date of Birth: _____

BC Med #: _____

Dear Doctor:

I have chosen the following orthopaedic surgeon:

- Dr. Thomas Goetz
Phone: (604) 689-5101
Fax: (604) 689-5144
- Dr. Jeffrey Pike
Phone: (604) 632-0008
Fax: (604) 632-0016
- Dr. Parham Daneshvar
Phone: (604) 559-2555
Fax: (604) 559-2556

Please forward a summary of my chart and copies of any relevant reports you may have on file. I understand that this service is not covered by my medical plan. I realize that if there is a charge for the service, I am responsible for paying this fee. Please forward the bill to me for my prompt attention. Thank you.

Signature of Patient: _____

Current Address: _____

The College of Physicians and Surgeons of BC clearly states that the original records must not be sent.