IMPERIAL
MEDICAL CLINIC
4648 IMPERIAL ST, BURNABY, BC V5J 1B8
T: 604-409-8000 F: 604-409-4000

RELEASE OF MEDICAL RECORDS FORM

DOCTOR/FACILITY INFORMATION

Doctor/Facility: _____

Address: _____

Phone: _____ Fax: _____

PATIENT INFORMATION

Name: _____ Phone: _____

PHN: _____ Address: _____

DOB: _____ _____

Please release the following medical records as requested at your earliest convenience.

☐ Labs from _____ to _____

☐ Consultations from _____ to _____

☐ Imaging Reports from _____ to _____

☐ All Records from _____ to _____

☐ Other (Specify): _____

PATIENT AUTHORIZATION

I, the ☐ patient ☐ legal guardian ☐ Power of Attorney (P.O.A.), hereby authorize to release the above requested document/s to ☐ Imperial Medical Clinic ☐ myself ☐ other (complete below).

Name of person or company/organization: _____

Address: _____

Phone: _____ Fax: _____

☐ I understand that this service is not covered by MSP and I am responsible for any fees that may occur.

Name	Signature	Date Signed (YYYY-MM-DD)
_____	_____	_____