



1240 Railway Avenue, Suite 212
Canmore, Alberta T1W 1P4
Tel: (403) 609-8333
Fax: (403) 609-3666

Dr. G.E. Duggleby
M.D., C.C.F.P.

Dr. J.E. Mitchell
M.D., C.C.F.P.

Dr. A.R. Reed
MBBS., C.C.F.P

Dr. A.T. Kirk
BSc(hons), MBBS, DCH, DFSRH

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.