AMARI MEDICAL PRACTICE
#102- 13805 104th ave, Surrey BC V3T 1W7 Phone 604-594-2714
Fax: 604-580-2474

Transfer of Records Request

It is the patient's responsibility to get all previous Physician information **fax number** is the most important.

Previous Doctor:

Phone: **Fax:**

I have chosen to receive my medical care at **Amari Medical Practice.** I would like a copy of **my RECENT chart notes, labs and specialist letters sent** . I understand there may be a fee for this, as this is not covered by the BC Medical Services Plan.

Patient Name:

DOB: **Care Card:**

Signed: **Date:**

Witness:

PLEASE DO NOT SEND THE ORIGINALS ***(AS PER BCMA ORIGINAL RECORDS MUST BE RETAINED BY THE TRANSFERRING PHYSICIAN AS REQUIRED BY LAW).***