Shoreline Medical

2A-2379 Bevan Ave, Sidney BC V8L 4M9
Tel: 250-656-4143 • Fax: 250-656-9285

Authorization to release healthcare information

Please provide the following information in order to receive your records in a timely fashion:

Patient's Name: _____ Date of Birth: _____

PHN #: _____

I, _____, request and authorize Shoreline Medical - Sidney

to release my medical records to:

DR. _____

DR. Tel No: _____ DR. Fax No: _____

This request and authorization applies to:

☐ Healthcare Information relating to the following treatment, conditions or dates:

_____

☐ All Healthcare Information (2 years only)

☐ Other:

_____

Patient Signature: _____ Date Signed: _____

*****The applicant or authorized representative is responsible for payment of any established fees.**