



HILLTOP MEDICAL CLINIC

Suite 140 15321 – 16th Avenue, Surrey, B.C. V4A 1R6
Phone: 604-531-5575 Fax: 604-535-0126

Dr. J. Nolte	Dr. F. O'Brien	Dr. J. G. Scott	Dr. R. Balakrishna	Dr. E. Baasch	Dr. P. Mukheibir
Dr. M. Lebl	Dr. B. Tyrell	Dr. M. Cooner	Dr. A. Lamprecht	Dr. J. O'Brien	Dr. C. Niemand
Dr. I. Amankwe		Dr. A. Benitez-Gomez		Dr. A. Bredenkamp	

Transfer of Records

Name: _____

Date of Birth: _____

PHN: _____

Phone Number: _____

Requesting Records from Dr. _____

The above named patient is attending Hilltop Medical. I would be grateful if you could send us a **summary of the medical record**. Could you please include any significant historical items such as old ECG's, cardiac echo's etc. that are likely to be valuable for future comparison?

Please DO NOT SEND original documents.

Please note - We use a computerized medical record system and we no longer store paper files. The information you transfer to us will be shredded after it has been reviewed and the significant documents scanned. We cannot accept any responsibility for "safe keeping" of any original medical documents or consequences and liabilities resulting from loss of original documents if they are sent to us.

The patient's signature below authorizes a copy of the record to be transferred.

Sincerely

Dr. _____

The Patient also requests the transfer of the children's (<16yrs) files listed below.

.....
Patients Signature Authorizing Transfer
of Their Medical Record

.....
Print Name and Date

Patient please note - medical practitioners may levy a charge to recover administrative costs of providing copies of the medical record. If this is a concern to you, please speak to the



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reception staff at your previous doctor's office BEFORE posting this letter.