



Port Moody Health

Integrative Medicine & Cancer Care

PATIENT RELEASE OF RECORDS

Physician: _____

Clinic Address: _____

Phone#: _____

Fax #: _____

Please accept this as a request for the following patient's clinical records/imaging results.

Specific requests:

All Clinical Records Other

All recent blood work results

Imaging / Radiology Reports: Mammogram Ultrasound X-Ray MRI CT Bone

PET scan Pathology / Biopsy Reports Other All Imaging

URGENT Routine

***** Please cc Port Moody Health on all future clinical notes for our records*****

Patient name: _____

PHN#: _____

BCCA#: _____

Address: _____

Phone#: _____

Patient Signature: _____

Date: _____

Please Fax, Email or Mail Records To:

Dr. Sharon Gurm, ND, FABNO

Dr. Lindsay Adrian, ND

Fax (604) 949-0017

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Dr. Sharon Gurm, ND, Integrated Health LTD.