



MANGO Medical Clinic

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Mango Medical Clinic Consent to Transfer of Medical Records

To:
Former Doctor/Clinic: _____

Fax number: _____

Phone number: _____

Re:
Patient's Name: _____

Date of Birth: _____

PHN: _____

New Doctor: _____

In the future, I/we will be attending the above medical office. In order to maintain continuity of care for myself (and my family members) please forward, at your earliest convenience, a copy of my entire chart to the above address or fax number. Please use only one-sided photocopies, or if possible send records as a PDF file on a disk. THE ORIGINAL RECORD SHOULD NOT BE SENT, in keeping with the policy of the College of Physicians and Surgeons of BC.

I understand that you may charge a fee for this service and that this fee is not covered by my medical plan. Please bill me for any service fee. Thank you.

Patient or Guardian Signature:

Dated: _____