



MANGO Medical Clinic

4392 Beresford St, Burnaby V5H 0E7 | T: 778-379-4392 |

| www.mangomedical.ca

Mango Medical Clinic Consent to Transfer of Medical Records

To:

Former Doctor/Clinic:

Fax number:

Phone number:

Re:

Patient's Name:

Date of Birth:

Personal Health Number:

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 (DO NOT FAX Records). 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: _____