

Cabrera Consultants

Innisfree Farm

3636 Trent Road, Courtenay, BC, V9N 9R4

Tel 250 336 8767 cell 604 838 4372

chanchal@chanchalcabrera.com www.chanchalcabrera.com

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

I _____

apt #, Street _____

city _____ Province _____

zip code _____ Telephone # _____

PHN / Care Card # _____ Date of birth _____

HEREBY AUTHORIZE

the medical offices of Dr. _____

apt #, Street _____

city _____ Province _____

zip code _____ Telephone # _____

TO RELEASE THE FOLLOWING MEDICAL RECORDS AND REPORTS FROM MY FILE

compiled during the period _____ to _____

To CABRERA CONSULTANTS at the above address.

I understand that once this record is released from the office of the above named health care provider then this provider is no longer responsible or accountable for any events caused by its release.

Signed _____ date _____

information to be

mailed

picked up