



Althea Wellness Centre

Unit 204 - 22314 Fraser Highway
Surrey, British Columbia, V3A 8M6
Ph: 604.467.5717 Fx: 604.398.8409
www.AltheaWellness.ca

OFFICE OF DR. ANDREA CARR, BSc., ND

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

DATE: _____

TO: _____

Please fax the requested information to: 604-398-8409

_____ has consulted our office for their current health and medical needs.

Patient's Name (Please Print): _____

Date of Birth (Day/Month/Year): _____

Provincial Health Number: _____

I, _____, request and authorize the release of the following medical records to:

Dr. Andrea Carr, BSc., ND
Suite 204 – 22314 Fraser Highway
Langley, British Columbia, V3A 8M6
Phone: 604.467.5717

Copies of all medical records including diagnostic studies, the results of any examination,
 laboratory, X-rays, and ultrasounds taken, and the records of all medication and
 treatment rendered during the period from _____ to _____.

We kindly request that you contact the patient directly should a fee apply, before sending records.

Thank you for your prompt attention to this matter.

Patient's Signature

Witness Signature