



Patient Chart Transfer or Copy Request

Mail / drop-off form to: #120 -27 Helmcken Rd, Victoria BC, V8Z 5G5 or fax to: 778-265-3169

Patient Name and Date of Birth

Signature

Patient Name and Date of Birth

Signature (or Guardian Signature)

Patient Name and Date of Birth

Signature (or Guardian Signature)

Patient Name and Date of Birth

Signature (or Guardian Signature)

Patient Name and Date of Birth

Signature (or Guardian Signature)

Date

- Printed copy for all (copies)
- Electronic flash-stick / USB copy for all (copies)
- Prepare chart(s) and transfer to new provider: _____
- Other instructions: _____

Fees (due once chart is ready for transfer or pick-up):

Chart transfer to a new provider	Per Individual	\$38
Chart copy to patient (paper or electronic)	Per Individual	\$80
Chart copy to patient (paper or electronic)	Same Household (5 or less individuals)	\$160 total
Reduced fee for chart transfer or copy to patient (paper or electronic)	Examples: PWD status, First Nations, Social Assistance, Out of Work, Minimum Wage Employment, etc...	Free to \$38 / person (depending on the situation)

Office Use - Received on Date:
