

# Family Practice Medical Clinic

- Dr. Eleazar David
- Dr. Foroozan Ghohari
- Dr. Jonathan Tejada
- Dr. Victor Omelchenko

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Date Faxed: \_\_\_\_\_

To Doctor: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Re:

Name : \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

DOB: \_\_\_\_\_ PHN: \_\_\_\_\_

The above named patient is now attending this medical office. Please forward his/her **COMPLETE** Medical records to Dr. E. David/ Dr. F. Ghohari / Dr. J. Tejada / Dr. V. Omelchenko

I, \_\_\_\_\_, hereby give my consent to the transfer and release of all my Medical Records to Dr. E. David/ Dr. F. Ghohari / Dr. J. Tejada / Dr. V. Omelchenko. I understand that this service is not covered under my medical plan and that there might be a charge included.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_