LOWER COLUMBIA
COMMUNITY
HEALTH CENTRE

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Janet Fisher MD., CCFP-EM*
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Melissa Mailey NP (F), MN, BScN, CCN (C)
Camille Wiley MD, CCFP
Alisha Dowling NP

RELEASE OF INFORMATION

Date:

Previous Family Doctor:
Please include: Name, address, phone number and/or fax number:

Dear Doctor:

I have chosen Dr./NP _____ as my primary care provider. Would you be so kind as to forward to him/her a summary of my chart, and copies of any helpful reports you may have on file. **Please do not send records on discs or drives**.

I understand this service is not recognized as a "medically required service" and is not covered by my medical plan. I realize that there is a charge for this service and that I am responsible for it. Please forward the bill for the service of preparing this report to me for my prompt attention.

Thank you,

Patient Name: _____

Patient Signature: _____

* Denotes incorporation