



HealthWise Family Practice

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Dr. Lize Wiese ~ Dr. Ben Wiese ~ Dr. John Dawson

Request for Patient Information

Date _____

Dear Dr. _____

Phone _____ Fax _____

Patient Demographics:

I hereby authorize and direct you to release any medical record/critical reports pertaining to myself and/or family to the above named doctor.

Please provide the following:

Chart summary

Current medical/diagnostic reports (within last 18 months)

Pertinent information

Copy of chart

Other (please specify): _____

I am aware the College of Physicians and Surgeons requires that my medical records stay at your office. I authorize the release of my records to the doctor requesting this information. I understand that this service is not recognized as a “medically required service” and is not covered by BC Medical Service Plan. **I realize that there may be a charge for this service and that I am responsible for it.** Please forward the bill for the service to me for my prompt attention.

Signed _____
(SIGNATURE OF PATIENT AND/OR GUARDIAN)

Date _____

PLEASE DO NOT SEND ORIGINAL CHARTS.