

RELEASE OF RECORDS

To Whom It May Concern:

I, _____ am requesting the release of
my medical records to Dr. Mathew C. Mosher.

Instructions regarding if all or a portion of your file is to be released.

- Please release ALL of my medical records.
- Please release the following information contained within my medical records.

Please forward this information to:

**Dr. Mathew C. Mosher Inc.
301-8837 201st Street, Langley, B.C.
V2Y 0C8
604-888-9378**

OR: Fax Relevant information to : 604-888-9301

Patient's Signature

Witness

Date