

**REQUEST FOR MEDICAL RECORDS**

Murrayville Family Practice Group  
204 - 22112 52 Avenue  
Langley, BC V2Y 2M6

Willoughby Family Practice Group  
B100 - 20689 Willoughby Town Ctr Dr.  
Langley, BC V2Y 0X7

**Tel: 604-533-1140 Fax: 604-533-1159**

**[www.murrayvillefamilypractice.ca](http://www.murrayvillefamilypractice.ca)**

Date \_\_\_\_\_  
Previous Doctor's Name \_\_\_\_\_  
Address \_\_\_\_\_  
REQUIRED: Phone \_\_\_\_\_  
REQUIRED: Fax \_\_\_\_\_

Patient's Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
PHN \_\_\_\_\_  
Address \_\_\_\_\_

I have chosen to transfer my medical care to Doctor/Nurse Practitioner \_\_\_\_\_  
at Murrayville/Willoughby Family Practice Group.

**PLEASE FORWARD ONLY:**

**Chart Summary Report  
BCCA reports  
Surgical Reports & Pathology Results  
Recent Imaging (within 5 years)**

**Immunization Records  
Consultant Reports  
Infants (Rourke +/- Growth Curves)**

**\*\*PATIENTS MEDICAL CHARTS OVER 25 PAGES\*\***  
**\*\*PLEASE SEND VIA MEDITRAN OR MAIL to our MURRAYVILLE OFFICE\*\***

*I have read and understand that there may be a charge for this service and that I am responsible for it. If so, please forward the bill to me at the address above.*

\_\_\_\_\_  
Signature of patient or their designate

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