



Sea to Sky Orthopaedics Athletic Injuries and Arthroscopy
PO Box 1275, Whistler BC, V0N 1B0 | T 604 905 4075 F 604 905 4073 | www.seatoskyorthopaedics.com

Date: _____

Request for Medical Records from:

_____ Fax #: _____

Re: Patient's Name: _____

Date of Birth: _____

PHN: _____

Dear Doctor:

I have chosen Dr. Brooks-Hill/Dr. Clark as my Orthopaedic surgeon. Please forward a summary of my chart and copies of any relevant reports you may have on file. **Copies may be faxed to: 1 (604) 905-4073.**

I understand that this service is not covered by my medical plan. I realize that if there is a charge for the service, I am responsible for paying this fee. Please forward the bill to me for my prompt attention.

Thank you.

Signature of Patient: _____

Current Address: _____

**The College of Physicians and Surgeons of BC
clearly states that the original records must not be sent.**