## **REQUEST FOR PREVIOUSLY RELEASED PATIENT REPORTS**

Name of Physician/Facility/Requester's name:	_ MSP #
Signature:	
Report format:	(please check one)
Telephone number of requester:	

Once completed, please fax to our Client Information Centre at 604-412-4445 or 1-877-412-4440

To help us manage requests for copies of past reports, we ask that:

- Only records that have not been requested previously
- Maximum 10 patients per list
- **Do not duplicate requests** by phone AND fax

Please note:

- This form must be used for all requests for past reports
- Illegible requests will be returned to sender
- We will only search through a maximum of 3 months' lab records
- We will endeavor to process requests within 1 2 weeks.

## Requests not meeting these criteria must be approved by our Medical/Scientific staff

Please print clearly					
Name (Last name, first	Date of Birth **	PHN # ** (Unless Private	Tests **	Ordering Doctor	Date records requested **
name) **	(dd/mmm/yy)	Pay)			-