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## Records Request

To: \_\_\_\_\_ Patient name: \_\_\_\_\_  
Phone: \_\_\_\_\_ PHN: \_\_\_\_\_  
Fax: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Dear colleague,

This lovely patient has chosen to receive prenatal, intrapartum, and postpartum care with our practice. We would appreciate copies of relevant records from your office to facilitate continuity of care. Please feel free to contact us with any questions or concerns. Thank you for your ongoing contribution to this growing family's wellness; it is much appreciated.

Kind regards,

\_\_\_\_\_  
RM | MD

MSP number: \_\_\_\_\_

License number: \_\_\_\_\_

Signed electronically

## Patient Consent

I consent to the release of my medical and prenatal records to the care providers at Inlet Community Birth Program. I request that you include:

- For my current pregnancy:
  - Antenatal 1 & 2
  - All lab results
  - Ultrasound reports
  - Genetic screening results
  - Most recent Pap result
  
- For previous pregnancies:
  - Antenatal 1 & 2
  - Labour & Birth Summary (delivery year(s): \_\_\_\_\_)
  - Newborn 1 & 2
  - Operative reports or consultations if applicable
  
- Any other relevant medical records that may affect my pregnancy

Thank you!

Signature: \_\_\_\_\_

Signed electronically

Date: \_\_\_\_\_