

Rocky Medical Clinic

Dr. E.J. AASMAN,MD;CCFP
Dr. R. BAILEY,MB.ChB;CCFP(ESS),LMCC
Dr. G. BURTON,CCFP(EM)(FPA),MBChB(Pret),DA (SA)
Dr. F.D. DOWLING,MB.ChB.;CCFP
Dr. K.E. GAME,MD;CCFP
Dr. A. HANJANI MD;OB/GYN

PHYSICIANS AND SURGEONS
5127 – 49 Street
P.O. BOX 99
Rocky Mountain House, Alberta
T4T 1A1
Telephone (403) 845-2815
Fax (403) 845-2177

Dr. C. KENDALL,MD;CCFP
Dr. D.D. KIRSTEIN,MD;CCFP
Dr. J.C.N. MUNDELL,MB,ChB; DipObs(S.A.)CCFP
Dr. E.J. PEENS,MbCh.B.DA(SA)
Dr. M. PRETORIUS,MBChB,DA(SA),CCFP
Dr. K.A. ROGERS,MD;CCFP

REQUEST for VISIT RECORD OF OUT-OF-TOWN MEDICAL APPOINTMENTS for tax purposes

I am requesting a list of all out-of-town visits for tax year 20_____.

Patient name: _____

DOB: _____ PHN: _____

Phone numbers: _____

Year of Out-of-Town medical appointments_____

I, _____, hereby authorize the release of my medical records to

(Name of person picking up letter)

I understand that this is an uninsured service not covered by my medical insurance plan. I am aware that there is a charge for this service and that I am responsible for it. Fee is due at time of request. Preparation of this letter takes 3-weeks from time of request.

Patient's Signature

Date

For Office Use:

Fee Paid: Yes No

Date request completed: _____

Initials of person completing request: _____

Fee: \$15 Insurer: Patient Pays Bill Provider: Rocky Medical Clinic
