BROOKSWOOD PLUS Physiotherapy Clinic
4041 200 St, Langley, BC V3A 1K8 P: 236-325-0660 | Fax: 236-325-0600 www.plusphysio.ca

Authorization of Release of Patient Information

Client Information

_____ _____ _____
(First Name) (Preferred Name) (Last Name)

Date of Birth: _____ Personal Health No: _____
MM/DD/YYYY

Requests:

I hereby grant **Brookswood Plus Physiotherapy** and its authorized representatives irrevocable authority to request and obtain any and all medical records and information pertinent to my case and care.

_____ _____
(Signature) (Date MM/DD/YYYY)