

crescent moon  
childbirth services



**Crescent Beach Midwifery**

201-2775 McKenzie Ave, Surrey, BC V4A 3H5

604-535-1175 extension 3

info@crescentmoonchildbirth.org

fax 604-648-9791

To:(Doctor/Midwife)  
Doctor/Midwife Phone:  
Doctor/Midwife Fax:

Patient's Name:  
Patient's DOB:  
Patient'sPHN:

**Release of Medical Records**

I have chosen midwifery care for my current pregnancy, and I am writing to request that my relevant medical and prenatal records be released to the midwives at Crescent Beach Midwifery. Please fax them to 604-648-9791 or mail them to the above address. I request that you include;

For my current pregnancy:

- Antenatal 1 & 2
- All Lab results
- Ultrasound reports
- Genetic screening results

For previous pregnancies:

- Antenatal 1 & 2
- Birth Summary
- Newborn 1 & 2
- Operative Reports
- Consultations

Any other relevant medical records

- Pap Screen (most recent)
- Information regarding any other health conditions that may impact pregnancy

Thank you in advance.

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

Printed Name: \_\_\_\_\_

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