

Dr. Andrew H. Yu MD Inc.
MD., FRCPC

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Chronic Pain Management

(MSP, expedited WCB, ICBC and
private consultations)

Cortisone injections:

Epidural Steroid Injections (Back or Neck)
Knee or Hip or shoulder joints

Baker's cyst
Trigger points/myofascial

Carpal Tunnel
Tennis elbow
Botox/migraine

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ hereby authorize
(Name of Patient/Client/Guardian/Executor)

Dr. Andrew H. Yu to release information to:

(Name of Person/Company authorized to receive information)

(Street Address)(City)(Province)

(Postal Code)(Phone Number)

from the health records of _____
(Name of Patient/Client – Print in Full)

(Date of Birth – dd/mm/yyyy)

(PHN/Care Card Number)

This consent refers only to the release of copies of all clinical/medical records and reports relating to any treatment or medical services provided to me covering the period of _____ to _____ for the purpose of _____.

I understand that once this record is released, Dr. Andrew H. Yu, is not responsible for the copy of the record, or any events caused by its subsequent release.

Dated: _____

SIGNED:

WITNESSED:

(Patient/Client/Guardian/Executor)

(Signature of Witness)

(State relationship, if other than patient)

(Printed Name of Witness)