fraserhealth

REQUEST TO CHANGE DESIGNATED FAMILY DOCTOR / NURSE PRACTITIONER

Form ID: MSXX107592B Rev: August 31, 2022 Page: 1 of 1

Please PRINT using black or blue ballpoint pen.

This form:

- is only for changing the listed family doctor/nurse practitioner of individual patients previously admitted to a FH Hospital.
- must be stamped and/or signed by the new family doctor/nurse practitioner.
- must be **faxed** to **Central Intake** (FH Records Management) at **604.521.0510**

Each field marked by an asterisk (*) must be completed.

Section 1 – Patient Information		
Personal Health Number (PHN) *	**Date of Birth (yyyy/mm/dd) ***	**Sex *** ☐ M ☐ F ☐ X
Last Name *	**First Name ***	**Middle Name**
Facility Name *(If in Long-Term Care)*		
Street *	**Street 2 / Apt / Suite**	**City ***
Postal Code *	**Home Phone ***	**Other Phone**

Section 2 – New Family Doctor / Nurse Practitioner Information	
Last Name *	**DR or NP Signature or Stamp ***
First & Middle Name *	
MSP No. *	