

Sending doctor's name
address and/or fax
your MSP billing number

To: Drs David and Jannice Bowler
4955 Prospect Lake Rd
Victoria BC V9E 1J5
Phone 778-406-0077
Toll-free fax 1-844-820-7073

Date

Dear Dr D or J Bowler (or if you want one of us specifically then circle which)

Your patient's demographics: (name, DOB, gender, age, contact phone AND MSP#)

Please seefor the assessment of pain.

Brief medical history

Enclose imaging if applicable

Sincerely

Name/signature