

**GLOBAL
PEDIATRICS, PC**

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Record transfer request

Date Transfer requested: _____

Patient's name/DOB: _____

Original visit date from: _____ to _____

Name of current physician @ Global Pediatrics: _____

Records will be released to (Parents): _____

New/Current Address: _____

You can fax, mail, or email request to: dap3005@med.cornell.edu (circle one option below)

Summary of chart: includes (last check up, vaccine sheet, & growth chart) NO CHARGE YES NO

Whole chart: (ALL VISITS including consultation reports) .75 cents per page YES NO

PLEASE BE AWARE THAT IT TAKES ABOUT 3-4 WEEKS TO BE COMPLETED.

WHOLE CHART TRANSFERS ARE BEST NEEDED IF YOUR CHILD HAS ANY MEDICAL CONDITIONS.

Reason for transfer: _____

Record transfer payment

CC: AX/MC/VISA: _____ EXP _____ CCV _____

Best contact: _____ E-mail _____

Signature: _____ Date _____

(Patient, Parent, or Guardian)

**** Charts vary in size and their number of pages. If your initial request was for the entire chart, you will be responsible for the payment of \$.75 per page. A summary at no charge is no longer an option after the chart has been completed.**

Signature: _____ Date _____