



**RECORD TRANSFER REQUEST**

**DATE:** \_\_\_\_\_

**PATEINT(S) NAME:** \_\_\_\_\_

\_\_\_\_\_

**PATIENT DOB(S):** \_\_\_\_\_

\_\_\_\_\_

**PATIENT'S DOCTOR:** \_\_\_\_\_

**PLEASE RELEASE RECORDS TO:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PLEASE CONTACT ME AT \_\_\_\_\_ IF ANY QUESTIONS REGARDING THE RELEASE OF MY (CHILD OR CHILDRENS RECORDS)**

**Thank You.  
SIGNATURE,**

\_\_\_\_\_

**(PATIENT, PARENT OR GUARDIAN)** \_\_\_\_\_