



Bambini Pediatrics PC

Wholesome Medical Care for Kids

Request to Transfer Bambini Medical Records

Re: Pt. Name _____

DOB _____

To: Name _____ (fill in the same name in the space below)

Street _____

City / Zip _____

Fax _____

The above patient has been under the care of Bambini Pediatrics. Please forward the following information as soon as possible:

- Immunizations, growth chart, and last six pages of progress notes
- Complete medical record
- Labs (specify: _____)
- X-ray reports (specify: _____)
- Other (specify: _____)
- Time period: _____

I hereby authorize Bambini Pediatrics to furnish the above requested information contained in my child's medical record to _____.

Fee Schedule:

- For records sent to medical specialists, Social Services, etc. – no charge (see below for exceptions)
- For records sent to another primary care practice (including TLC) – no charge (see below for exceptions)
- For parents who wish to have a personal copy, or to have records released to an attorney, a fee of 75 cents per page will apply.

For very large charts (over 25 pages), a surcharge of _____ will apply. If there is an unpaid balance, that should be cared for before records are transferred – otherwise a fee will be applied.

(signature, parent or guardian)

(date)