



Request to Transfer Bambini Medical Records

Patient Name: _____ DOB: _____

Release To: Name: _____

Address (city, state, zip): _____

Fax: _____ Phone: _____

Please forward the following information as soon as possible (check one):

- ☐ Complete Bambini Pediatrics medical record including immunizations, growth charts, progress notes, lab tests, x-rays, consultant reports, medications, and allergies.
- ☐ Other (specify): _____

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 – 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 a maximum charge of \$20.00 will apply. If there is an unpaid balance, that should be cared for before records are transferred – otherwise a fee will be applied.

I hereby authorize Bambini Pediatrics PC to furnish the above requested information contained in their patient medical record:

Signature: _____ Relation to patient: _____

Name: _____ Date: _____