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Authorization to Transfer Records

ATTN: Medical Records
Suzanne Mills, MD
Pediatric Medicine
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San Diego, CA 92130

Please transfer all medical and immunization records for the below listed patient to:

Doctor or facility Phone

Street Address

City State ZIP Fax

Name of Patient Date of birth

1. _____
2. _____
3. _____
4. _____
5. _____

Name of Parent/Guardian/Self authorizing the above transfer of records

Signature of Parent/Guardian/Self authorizing the above transfer of records Date