

Suzanne Mills, MD
12395 El Camino Real, Suite 217
San Diego, CA 92130
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Authorization to Transfer Records

ATTN: Medical Records

Doctor or facility Phone

Street Address

City State ZIP Fax

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

**Suzanne Mills, MD
Pediatric Medicine
12395 El Camino Real, Suite 21
San Diego, CA 92130**

<u>Child's name</u>	<u>Date of birth</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Name of Parent/Guardian authorizing the above transfer of records

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