

# TRANSFER OF RECORDS

_____	_____	_____	_____
Child's Name	Date of Birth	Child's Name	Date of Birth
_____	_____	_____	_____
Child's Name	Date of Birth	Child's Name	Date of Birth
_____	_____	_____	_____
Child's Name	Date of Birth	Child's Name	Date of Birth

As of \_\_\_\_\_, the new custodian of  
(date)  
records for my child(ren) will be changed from Paige  
Garrison, M.D to (circle one):

Raymond Kahn, M.D.    **OR**    Sara Goldstein, D.O.

Your new physician is now the owner of all medical  
records for your child(ren) and requests for copies will be  
completed by that physician.

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date