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:

_____

to:

_____

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