

Brandywine Pediatrics - Record Transfer Request

Please transfer records of the following child(ren):

Patient(s)

Date(s) of Birth

- 1.
- 2.
- 3.
- 4.
- 5.

TO:

Patient/patient's guardian for PICK-UP or SEND TO:

Or to the following office:

Office:

Address:

Fax number:

I am aware of any associated charges.

Patient

Parent/Guardian

Date
