



Premier Pediatrics, LLC Medical Record Transfer Form

I, _____, hereby authorize

Name and Address of Current Practice

To release my child(ren)'s medical records to:

- Premier Pediatrics, LLC
2600 Glasgow Avenue, Suite 213
Newark, DE 19702
Phone: 302-836-4440
Fax: 302-836-4466

Child's Name (please print)	Date of Birth

Signature of Parent/Guardian

Date

Parent/Guardian Name (please print)