

# Wyoming Springs Pediatrics

(512) 244-5959 • 7200 Wyoming Springs, Ste 200 • Round Rock, TX 78681

RAFAEL A DE HARO, MD, FAAP

ERIN MARSHALL, MD

LINDA DONOVAN, RN, CPNP

## TRANSFER IN RECORD REQUEST

Dr: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/St/Zip: \_\_\_\_\_

I am requesting that a copy of the entire medical record(name listed below)  
be transferred to:

*Wyoming Springs Pediatrics  
7200 Wyoming Springs Blvd., Suite 200  
Round Rock, Texas 78681*

Establishing with: \_\_\_ Dr. deHaro \_\_\_ Dr. Marshall

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signed: \_\_\_\_\_  
Relationship to Patient: \_\_\_\_\_  
Date: \_\_\_\_\_

Purpose of Request:  
\_\_\_ Continued Patient Care  
\_\_\_ Other \_\_\_\_\_

FAX (512) 244-1156