

# Wyoming Springs Pediatrics

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

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## TRANSFER OUT RECORD REQUEST

*In accordance with legal and regulatory agency requirements, the health record is the property of Wyoming Springs Pediatrics. A fee of \$15.00 (\$25.00 family) is charged for a copy of the medical record.*

I am requesting that Wyoming Springs Pediatrics forward an entire copy of medical records for:

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

Please send the records to the following address:

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

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

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

### Office Use:

Records released to Parent  
 Records mailed Date: \_\_\_\_\_  
 Record fee collected Date: \_\_\_\_\_  
Date Completed: \_\_\_\_\_ / Initials \_\_\_\_\_

FAX (512) 244-1156