Family Medicine at Greenhill
213 Greenhill Avenue   Wilmington, DE 19805
Phone (302) 429-5870   Fax (302) 429-9284

Medical Records Transfer Request Form

Medical Records Transfer Request Form

I, ____ hereby authorize and request that you transfer a copy of all records in your possession concerning any diagnosis, prognosis and recommendation, as well as other data pertinent to your treatment of the patient named below.

Patient Information

Patient Full Name:	
Patient Address:	Date of Birth:
City:	Home Phone:
State: Zip:	

From:	To: Family Medicine at Greenhill
Practice Address:	213 Greenhill Avenue Wilmington, DE 19805
City:	Office Phone 302-429-5870
State: Zip:	

____

Patient Signature Date