

**PRIMARY PEDIATRICS**  
**9811 Mallard Drive #109**  
**Laurel, Maryland 20708**  
**301-776-8000**

**AUTHORIZATION TRANSFER FORM TO RELEASE MEDICAL RECORDS**

Please allow seven business days to process your request. Thank you.

I authorize:  Primary Pediatrics  Primary Pediatrics  Primary Pediatrics  
(check one) 9811 Mallard Drive #109 17001 Science Drive #116 2415 Musgrove Road #207  
Laurel, MD 20708 Bowie, MD 20715 Silver Spring, MD 20904  
(301) 776-8000 (301) 464-2300 (301) 989-0085  
(301) 776-8052-FAX (301) 464-9604-FAX (301) 989-9063-FAX

Which documents are you requesting?

**Pertinent office medical records** (last visit, last physical/well check up, lab work, growth chart and immunization record.) **\$5 fee**

**All office medical records** (all records) **\$.65 per copied page.**

To release medical records to:

Parent/Guardian  
 Other (please specify) \_\_\_\_\_  
 New Physician/Facility/Hospital Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Please indicate reason for the request to transfer medical records:

insurance change  moving out of area  unhappy with staff/provider  
 other (please specify) \_\_\_\_\_

Patient Information: \_\_\_\_\_  
(patient name and date of birth -- printed)  
\_\_\_\_\_  
(patient name and date of birth -- printed)  
\_\_\_\_\_  
(patient name and date of birth -- printed)

Address: \_\_\_\_\_  
street city state zip code  
Telephone: \_\_\_\_\_ Optional Number: \_\_\_\_\_

**By signing below you are hereby authorizing Primary Pediatrics to transfer the above requested medical documents to your new physician or the parent/guardian of the minor patient. The above listed patient(s) will no longer be considered a member in our practice therefore we will be unable to provide the patient with Scheduled Appointments, Medical Advice, Referrals or Prescriptions, Processing, Preparing or Signing of any Forms.**

\_\_\_\_\_  
(signature of parent or guardian)

\_\_\_\_\_  
(date)

Office use only: Initials of person reviewing form \_\_\_\_\_  
Date: \_\_\_\_\_ Initials of employee completing form \_\_\_\_\_