

Riverside Pediatrics
18 Highland Ave, Newburyport, MA 01950
Phone 978-465-0322, Fax 978-465-2503

Request Records & Transfer Records Request
(Records are sent within 30 days)

We will fax your records free of charge to your new provider, if you provide us with their secure fax #.

If you require a printed and or mailed copy of your records, a processing fee of \$15.00 is charged. *Payment must accompany this form.*

Patient name _____ **DOB** _____

Patient address _____ **City** _____

State _____, **Zip** _____, **Phone** (_____) _____

Name of provider transferring to: _____

Phone # (_____) _____ **Fax #** (_____) _____

Street Address: _____

City _____, **State** _____, **Zip** _____

_____ **Last PE /immunizations only** _____ **Full record**

_____ **NOT TRANSFERING, RECORDS ARE FOR PERSONAL USE (\$15.00)**

Reason for leaving Riverside? _____

I am requesting records & care be transferred to another provider. I understand that as of the date of my signature, *Riverside Pediatrics is unable to provide refills, referrals or medical care.* *You must notify your Ins. co. of the change in PCP.**

Signature _____ **Date** _____