Bloom Pediatrics
Where Good Health Grows

2055 E 14 Mile Road
Birmingham, MI 48009
(248) 645-1740 Fax (248) 645-5304
bloompediatricsmi.com

RECORDS RELEASE FORM (out)

Name of Patient (s): Patient(s) Date(s) of Birth:

____ ____

____ ____

____ ____

____ ____

Patient(s) Address:

Address: ____

City: ____ State: ____________ Zip: ____________

Please release the medical records from office of Bloom Pediatrics and send to:

Name: ____

Address: ____

City: ____ State: ____________ Zip: ___________

I authorize the release of medical records obtained in this office.

Signature of Patient (if 18 years or older) or Parent/Guardian: ____

Print Name: ____

Date: ____________________________ Telephone Number: ____

REASON FOR TRANSFERRING

Moving: ____ with-in state ____ out of state ____ out of country

Dissatisfied with office: ____ Comment: ____

Other: ____

NOTE: There is a $15 fee for records to be transferred. Transfer can take 5-10 days to complete.