

Margaret Sears-DeMenthon, DO
Sears Pediatrics
6578 Guilford Road
Clarksville, MD 21029
301-854-0305
drsears@searspediatrics.com
www.searspediatrics.com

Medical Records Transfer Request

Child's Full Name: _____ DOB _____

Child's Full Name: _____ DOB _____

Child's Full Name: _____ DOB _____

Child's Full Name: _____ DOB _____

Physician to whom the records are to be released:

Name: _____

Fax : _____ Phone: _____

Address: _____

Special Instructions:

Please indicate here if you would like: (1) the original paper chart (which you will need to pick up), (2) pdf file sent via email or (3) both.

Date: _____

Parent/Guardian Name: _____

Signature: _____

Phone: _____

Email: _____

No Chart can be transferred or given out with out this form filled out and returned to Dr. Sears.

Please note that after June 1, 2022, there will be a charge of \$25 to send a chart to another Medical office via fax.