



Bass River Pediatric Associates, P.C.

237 Station Avenue South Yarmouth MA 02664
(508) 394-2116 (Fax) 760-1919

Authorization to Transfer Medical Records

****PLEASE DO NOT SEND RECORDS "ON DISK-UNABLE TO PROCESS****
THERE IS A \$10 FEE PER RECORD IF RECORDS ARE PRINTED FOR PICK UP

PATIENT NAME: _____

DATE OF BIRTH: _____

I authorize: (Previous Medical Facility):

ADDRESS: _____

To release my records to:
Bass River Pediatric Associates
237 Station Avenue
South Yarmouth, MA 02664

OR

I authorize Bass River Pediatric Associates to release my records to:

ADDRESS: _____

PHONE: _____

FAX: _____

_____ Please include entire medical record **EXCEPT** confidential/sensitive information.

_____ Please include entire medical record **INCLUDING** confidential/sensitive information.

Signature of parent/patient (if over 18)/legal guardian:

_____ Date: _____

****If legal guardian, please provide our office with current legal documentation.**
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