<u>Record Release</u>
(This form can only be used to transfer to Pediatric Care)

TO Pediatric Care, Inc.

| Cincinnati, Ohio 45231 Phone: (513) 931-6357 Fax: (513) 728-4762 | West Chester, Ohio 45069 Phone: (513) 682-5400 Fax: (513) 682-5403 |
|---|--|
| Release From: | Release To: Please Check one: |
| Name/Clinic | |
| Address | Compton Road Office |
| a radicus | □ West Chester Office |
| City State Zip | |
| 1 | Date of Birth: |
| 4 | |
| Parents' Names | |
| AddressStreet | City State Zip |
| Phone Numbers: Home | Work |
| Reason for Transfer | |
| This form can only be used for the transfer of recreecters from our office. | ords to Pediatric Care and cannot be used to transfer |
| Signatura | Data |