DELAWARE MODERN PEDIATRICS, P.A.
David M. Epstein, M.D.
300 Biddle Avenue, Suite 206
Springside Plaza, Connor Building
Newark, Delaware 19702
Phone: (302) 392-2077
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www.DelawareModernPediatrics.com

Medical Record Transfer Request

I, _____, am the responsible party for the below listed minor(s). I am requesting and authorizing _____ to transfer all protected health information in your possession (the entire medical record) for the below listed minor(s) be transferred in electronic or paper format to:

DELAWARE MODERN PEDIATRICS, P. A.
300 Biddle Avenue, Suite 206
Springside Plaza, Connor Building
Newark, Delaware 19702

Minors:

_____	_____
Full Name	Date of Birth
_____	_____
Full Name	Date of Birth
_____	_____
Full Name	Date of Birth
_____	_____
Full Name	Date of Birth

I understand that this authorization is valid for 180 days. I clearly understand the content of this form.

_____	_____
Signature	Date

_____
Relationship to Minor(s)