## MEDICAL RECORD TRANSFER REQUEST

Please return to: South Bay Family Medical Group 21213 B Hawthorne Blvd. PO Box 5272 Torrance, California 90503

South Bay Family Medical Group would be delighted to have you and your family continue as patients. In order to avoid any disruption to your care after December 4, 2004, you will need to complete the information below to authorize the transfer of your original medical record from the Little Company of Mary Hospital to the South Bay Family Medical Group and its doctors. You may sign for yourself and any minor or dependent family members. <u>Each adult, 18 years and older must complete and sign a</u> request form.

## PLEASE COMPLETE THE REQUESTED INFORMATION BELOW:

Primary Doctor(s): Nancy Griffith MD Mark Howard MD William E Kim MD Lee G. Kissel, MD Maria K. Lui, MD	Eric Mu F. Lee F	Reitler, MD Taylor MD	
Patient Name:		Date Of	
(please print last name, first nam Mailing Address:		) Birth://	
Street Address	City	Zip Code	
Home Telephone Number: ()			
Work Telephone Number: ()	Extens	Extension:	
E-mail Address:			
Next Appointment Due:			
I hereby request <b>Transfer of my Medical Reco</b>		1 0 0 1	

nereby request Transfer of my Medical Record From Little Company of Mary Hospital for all medical services I received at the medical offices at 520 N Prospect Ave. Suite 103 in Redondo Beach and/or 1101 Sepulveda Blvd. Suite 202, To South Bay Family Medical Group.

Signature of Patient, Parent or Legal Guardian

Date: \_\_\_\_/\_\_\_/\_\_\_\_

For your dependents under age 18, list their names and birthdates for those you request a records transfer to the South Bay Family Medical Group.

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FAX to: (310) 784-4957 or mail to: South Bay Family Medical Group P.O. Box 5272, 21213 B Hawthorne Blvd., Torrance, CA 90503

11/16/04