

# PEDIATRIC ASSOCIATES OF BARRINGTON, S.C.

www.pediatric-associates.net

## Authorization to transfer records for patient(s)

I, \_\_\_\_\_, being the parent or guardian of the following child/children listed below, do hereby request:

### Pediatric Associates of Barrington

To release a medical record summary to the doctor's address below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Patient Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Patient Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Patient Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Patient Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Previous Balance \_\_\_\_\_

Transfer Fee \_\_\_\_\_

Type of Payment \_\_\_\_\_

**Reason for transfer:**

Insurance Change

Moving out of area

Other (please specify) \_\_\_\_\_

# **PEDIATRIC ASSOCIATES OF BARRINGTON, S.C.**

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Fox River Grove, IL 60021  
847-381-6700(p) 847-381-6828(f)

260 Congress Parkway, Suite B  
Crystal Lake, IL 60014  
815-459-6780(p) 815-459-1648(f)

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Elgin, IL 60123  
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