

Laura M. Bleekrode, M.D.

Medical Records Transfer **TO** Alpharetta Pediatrics

Date: _____

Previous Office Information

Name of Doctor/Practice: _____

Phone: _____

Fax: _____

Patient Name: _____ DOB: _____

Patient Name: _____ DOB: _____

Patient Name: _____ DOB: _____

Complete/Entire Record

Immunizations Only

The above family has recently transferred care to the physicians at Alpharetta Pediatrics. We request that you please forward a copy of the previous medical records to the office selected below.

Roswell Office: 1100 Northmeadow Pkwy

Cumming Office: 102 Pilgrim Village Dr.

Suite 108

Suite 300

Roswell, GA 30075

Cumming, GA 30040

Phone: 770.664.4430 Fax: 770.664.7836

Phone: 678.947.4588 Fax: 678.947.3256

alphaped.s.frontdesk@yahoo.com

Parental/Patient Authorization: _____