

Medical Records Request

To Whom it May Concern:

I have decided to transfer to Sunshine Pediatrics and request that you forward a copy of my child's medical record along with a copy of the immunization record to the following address:

Sunshine Pediatrics, LLC
c/o Maiya Clark, MD
10750 Columbia Pike
Suite 502
Silver Spring, MD 20901

Patient Name

Date of Birth

Sunshine Pediatrics, LLC

Thank You for your prompt attention to this request.

Signature of Parent

Date