



QUALITY FAMILY PHYSICIANS

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- Phone number - 302-235-2351 Fax number - 302-235-2365
qfpde.com

I, (Patient name), hereby request that Quality Family Physicians release my
medical records and all tests (including any HIV or STD testing). (initials)

SEND TO:

Provider Name:

Address: (Street address)

(City, State)

(Zip code)

Telephone:

FAX:

REASON FOR TRANSFER:

Patient Signature:

Date:

Print Name:

Date of Birth:

Address: (Street address)

(City, State)

(Zip code)

Telephone: