Transfer of Medical Records

Please transfer the complete medical record of:

_____

(Patient Name)

From the practice of:

_____

(Physician Name)

Practice Address and Phone Number:

_____

_____

_____

To:

Richard Tomm, M.D.
CustomCare MD, LLC
1611 South Green Rd., Suite 213
South Euclid, OH 44121
PH: 216-382-8000 Fax: 216-297-3233

Patient's Signature: _____Date:_____

Patient's Date of Birth: _____