

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:

Todd Locke, M.D.
CustomCare MD, LLC
1611 South Green Rd., Suite 213
South Euclid, OH 44121
PH: 216-381-1520 Fax: 216-297-3233

Patient's Signature: _____ Date: _____

Patient's Date of Birth: _____