

Jane Kennedy, NP, PC

A Registered Nursing Corporation

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TO: _____

RE: Request for Transfer of Medical Records

I, _____, request that you release and provide a copy of the following portions of my medical records:

___ All progress notes

___ All lab reports

___ All diagnostic reports

___ Complete Medical Record from the dates of _____ to _____

___ Other

To:

Jane Kennedy, NP, MN, MPH
2455 Bennett Valley Road, B-205
Santa Rosa, CA 95404

Signature: _____ Date: _____