



DR. RENE' H. BRAVO, MD
DR. SASHA L. SZYTEL, MD

3241 South Higuera
San Luis Obispo, CA 93401
(805) 544-4460
(805) 544-4019 (fax)

I, _____ authorize and request that all medical records
Name of parent or guardian
pertaining to my child, _____, be transferred **FROM:**
Name of child

Name and address of Doctor or Practice

Phone and Fax numbers of Doctor or Practice

TO:

Dr. Rene' H. Bravo
Dr. Sasha L. Szytel
3241 South Higuera
San Luis Obispo, CA 93401
(805) 544-4460
(805) 544-4019 (fax)

Signature of parent or guardian

Date of release

Please allow up to 2 weeks from the date of request for the transfer of records. There is no charge for transfer from Bravo Pediatrics to another Doctor's practice, though there will be a \$15.00 charge for release to private parties.

If you have received this request for medical records in error, please dispose of in a confidential manner.