Fairfield Medical Group, LLC

1300 Post Road • Suite 202 • Fairfield, Connecticut 06824
• Phone (203) 255-8827 • Fax (203) 259-4610

PETER C. TORTORA, M.D., F.A.C.P. PETER R. CIMINO, M.D., F.A.C.P.
EMILY DESTEFANO, PA-C ERICA CICCONE, OFFICE MANAGER

RECORDS TRANSFER REQUEST

TO (Doctor/Hospital): _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

I hereby authorize the release of my medical records or copies of such and request that they be transferred to:

FAIRFIELD MEDICAL GROUP, LLC
Peter C. Tortora, MD Peter R. Cimino, MD Emily DeStefano, PA-C
1300 Post Road, Suite 202 Fairfield, CT 06824
Phone (203) 255-8827 Fax (203) 259-4610

The information I am requesting is: _____

Print Name: _____ DOB: _____

Patient Signature: _____ Date: _____

CONFIDENTIALITY NOTE