Pensacola Pediatrics, P.A.

Carol A. Andrews, MD, FAAP
Elizabeth B. Antonio, MD, FAAP
Roger C. Clubbs, MD, Pediatrician Emeritus
Philip C. Dean, MD, FAAP
Jessica Clubbs-Ewert, MD, FAAP
Amy P Foland, MD, FAAP
David A. Hensley, MD, FAAP
Pamela M. Klein, MD, FAAP
Heather H. Lenga, MD, FAAP
Tiffany V. Ramos, MD, FAAP
Randall E. Reese, MD, FAAP
Jennifer Stadden, MD, FAAP
Jason F. Straub, MD, FAAP
John A. VanOstenbridge, MD, FAAP

INTEROFFICE TRANSFER REQUEST

Date: _____

Current Doctor: _____

Changing to Doctor: _____

Reason for Request (Required): _____

_____

_____

_____

My children are:

_____ _____
NAME DATE OF BIRTH

_____ _____
NAME DATE OF BIRTH

_____ _____
NAME DATE OF BIRTH

Signature: _____ Date: _____

DO NOT CHANGE THE PCP ON YOUR INSURANCE
UNTIL WE CALL TO CONFIRM THE CHANGE HAS BEEN APPROVED

OFFICE USE ONLY

Insurance: _____

_____ Current Physician Initials / Comments Date: _____

_____

_____ Receiving Physician Initials Approved / Disapproved Date: _____

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