



Better Health. Better Life.

In-House Record Transfer Form

- CVFP Immediate Care-Airport**
434-239-0132
434-239-0490 (fax)
- CVFP Immediate Care-Lakeside Dr.**
434-845-4175
434-385-8616 (fax)
- CVFP Appomattox**
434-352-8235
434-352-5532 (fax)
- CVFP Forest**
434-525-6964
434-525-4035 (fax)
- CVFP Liberty Mountain**
434-582-2273
434-582-1363 (fax)
- CVFP Monelison**
434-846-8421
434-846-2655 (fax)
- CVFP New London**
434-534-6868
434-534-8808 (fax)
- CVFP Piedmont**
434-846-7374
434-846-1910 (fax)
- CVFP Rustburg**
434-332-7367
434-332-1757 (fax)
- CVFP Staunton River**
434-324-9150
434-324-8248 (fax)
- CVFP Timberlake**
434-237-6471
434-237-8810 (fax)

Patient Name: _____ Date: _____

Chart#: _____ Date of Birth: _____

TRANSFERRED FROM:

- Appomattox
- Forest
- Liberty Mountain
- Monelison
- New London
- Piedmont
- Rustburg
- Staunton River
- Timberlake

TRANSFERRED TO:

- Appomattox
- Forest
- Liberty Mountain
- Monelison
- New London
- Piedmont
- Rustburg
- Staunton River
- Timberlake

Physician Requested at new location: _____

Patient Signature: _____ **Date:** _____

*****FOR OFFICE USE ONLY*****

_____ Requested physician agrees to accept patient.

_____ Requested physician does not agree to accept patient.

Signature of requested physician: _____

Date: _____