

MEDICAL RECORDS RELEASE FORM

Dear Dr. _____ :

I am considering assisted reproductive technology at Assisted Fertility Program as an alternative for treatment. Please forward a summary letter as well as the information listed below:

Assisted Fertility Program
Attention: Dr. Marwan Shaykh
Lewis Gale Hospital
1900 Electric Rd.
Salem, VA 24153

The phone number is: **1-800-777-IVF1** if you should have any questions.

The Fax number is: **904-399-3436**

Please include the following information:

1. All semen analyses
2. Hysterosalpingogram (HSG) reports and films
3. Reports of endometrial biopsies and serum progesterone
4. Reports of post coital tests, cervical mucus studies, and antibody tests
5. Reports of other hormonal assays such as testosterone, prolactin, LH, FSH, TSH, T4, etc and report of Rubella titer.
6. Any operative reports including major surgery and laparoscopy, and prior Ultrasound or genetic study reports.
7. Pap smears reports, Chlamydia and Gonorrhea reports
8. Any other pertinent records related to infertility including notes on IVF and/or GIFT/ZIFT treatments.

Thank you for your assistance.

Sincerely,

Patient's Signature _____
Date

Patient's Name : _____

Date of Birth : _____ SSN : _____