



MEDICAL RECORDS RELEASE

Dear Dr. _____,

I am in the process of scheduling a consultation with **GEORGIA REPRODUCTIVE SPECIALISTS**. Please forward the information listed below within seven working days. Include any additional records pertaining to my infertility:

- 1) Semen analysis
- 2) Hysterosalpingogram reports and films
- 3) Ultrasound reports
- 4) Endometrial biopsy reports
- 5) Post-coital tests and/or antibody tests
- 6) Hormonal assays such as testosterone, prolactin, progesterone, LH, FSH and/or thyroid profiles
- 7) Operative reports, especially hysteroscopy, laparotomy and/or laparoscopy
- 8) Pap smear and/or cervical cultures
- 9) Any treatment cycle notes (IUI, IVF)

Please forward these important records with a summary letter (if completed) to the facility indicated below:

Georgia Reproductive Specialists
5445 Meridian Mark Rd. Ste 270
Atlanta, Georgia 30342
(404) 843-0812 Fax

Georgia Reproductive Specialists
3400 C Old Milton Pkwy. Ste. 475
Alpharetta, Georgia 30005
(678) 319-0093 Fax

Name

Partner/ Spouse Name

Signature

Partner/Spouse Signature

Social Security Number

Date of Birth

Social Security Number

Date of Birth