



The Center for
Reproductive Medicine

*The Best Science, Medicine
And Care for Each Family*

RECORDS RELEASE

Date: _____

Dear Dr. _____,

Please forward the following records:

HSG results

Infertility progress notes

Infertility Lab results

Infertility Ultrasounds

Operative notes related to infertility evaluation (with video or pictures, if possible)

Semen Analysis of spouse or partner

I hereby authorize and request you to release the results for procedures listed above to:

George T. Koulianos, M.D.

George B. Inge, M.D.

3 Mobile Infirmery Circle

Suite 213

Mobile, AL 36607

Phone number 251-438-4200

Fax number 251-438-4211

My appointment date is _____ Time: _____

I state that authorization may be revoked at any time. I also state that the disclosed information may be subject to re disclosure by the recipient.

I understand that this information is either transmitted through FAX or copies made of the original document mailed via US Post Master.

This records release will expire 12 month from date signed.

Patient name: _____

Please print.

Patient signature: _____ Date : _____

Social Security Number: _____ Date of Birth: _____

Witness: _____

**PLEASE FORWARD TO YOUR OB-GYN OR APPROPRIATE PHYSICIAN
IMMEDIATELY!**