Medical Record Release Form

Please follow the instructions below carefully and completely!

Records are mailed within ten (10) business days from the date we receive this completed request form.

Date: _____

Patient name: _____ Patient Signature: _____

Date of Birth: _____/_____/_____

Partner Name: _____ Partner Signature: _____

Date of Birth: _____/_____/_____

WE RECOMMEND that you have your medical records sent to your address and that you make any additional copies as needed for your other physicians.
*The first copy of a patient's medical records is released free of charge. *A fee of 25 cents per page, payable in advance is charged for additional.*

Where shall we send your first medical record copy for which there is no fee?

Name _____

Address _____

City _____

State _____Zip Code _____

Reason for Request _____

Fax _____

Email _____

Check box(es) below to indicate the records you are requesting

- ☐ **All Records*** **(does not include genetic or infectious disease testing)**
- ☐ Patient Genetic Testing
- ☐ Patient Infectious Disease Testing
- ☐ Partner/Spouse Genetic Testing
- ☐ Partner/Spouse Infectious Disease Testing
- ☐ Semen Analysis
- ☐ Progress Notes
- ☐ Ultrasound
- ☐ PGD/PGS Results
- ☐ (Other Specify)_____

***Due to Federal healthcare privacy regulations, infectious disease and genetic testing results must be specifically requested and are not included in "All Records", check necessary additional boxes.**

Please mail or fax this release form to the desired location:

Location:	Fax:	Phone:
• **BIVF Lexington Center-** 450 Bedford St Suite 1000., Lexington, MA 02421	(781) 674-1520	(781) 674-1200
• **The Providence Center** - 49 Seekonk St., Providence RI 02906	(401) 369-7704	(401) 369-7822
• **Boston IVF Waltham Center** - 130 Second Ave., Waltham MA 02451	(781) 434-6501	(781) 434-6500
• **Boston IVF Brookline Center** - 1 Brookline Pl., Ste 302, Brookline, MA 02445	(617) 738-8993	(617) 735-9000
• **BIVF Downtown Boston Center**- One Liberty Square, 9th Floor, Boston, MA 02109	(857) 991-1398	(857) 244-6750
• **Boston IVF Quincy Center** - 2300 Colony Dr. Ste., 104, Quincy MA 02169	(617) 793-1175	(617) 793-1100
• **Boston IVF Worcester Center -** 338 Plantation St. Worcester MA 01604	(508) 751-8052	(508) 751-8050
• **Boston IVF Maine Center** - 778 Street, Ste.2, S. Portland, ME 04106	(207) 761-7019	(207) 358-7600