

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 _____

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

- | | |
|---|--|
| <input type="checkbox"/> All Records* (does not include genetic or infectious disease testing) | <input type="checkbox"/> Semen Analysis |
| <input type="checkbox"/> Patient Genetic Testing | <input type="checkbox"/> Progress Notes |
| <input type="checkbox"/> Patient Infectious Disease Testing | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> Partner/Spouse Genetic Testing | <input type="checkbox"/> PGD/PGS Results |
| <input type="checkbox"/> Partner/Spouse Infectious Disease Testing | <input type="checkbox"/> (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:

- **IVF New England** – 1 Forbes Rd., Lexington, MA 02421
- **The Providence Center** - 49 Seekonk St., Providence RI 02906
- **Boston IVF Waltham Center** - 130 Second Ave., Waltham MA 02451
- **Boston IVF Boston Center** - 1 Brookline Pl., Ste 302, Boston, MA 02445
- **Boston IVF Quincy Center** - 2300 Colony Dr. Ste., 104, Quincy MA 02169
- **Boston IVF Worcester Center** - 338 Plantation St. Worcester, MA 01604
- **Boston IVF Maine Center** - 778 Street, Ste.2, S. Portland, ME 04106

Fax:

- (781) 674-1520
- (401) 369-7704
- (781) 434-6501
- (617) 738-8993
- (617) 793-1175
- (508) 751-8052
- (207) 761-7019

Phone:

- (781) 674-1200
- (401) 369-7822
- (781) 434-6500
- (617) 735-9000
- (617) 793-1100
- (508) 751-8050
- (207) 358-7600