

3 Mobile Infirmery Circle
Suite 213
Mobile, Alabama 36607
Phone: (251)-438-4200
Fax: (251)438-4211

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:

Center for Reproductive Medicine, PC
George T. Koulianos, M.D.
George B. Inge, M.D.
Suite 213
Mobile, AL 36607

My appointment date is _____

Patient name: _____

Please print.

Patient signature: _____

Social Security Number: _____

Date of Birth: _____

Witness: _____

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