



BRIAN D. BARNETT, M.D. • LOWELL T. KU, M.D. • DARA L. HAVEMANN, M.D. • SARA MUGOWSKI, M.D.  
TIFFANNY JONES, M.D. • RINKU MEHTA, M.D.

# Medical Records Release Authorization

This form can be used for you to send to your OB/GYN or previous treating physician to request your medical records.

Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_

I authorize and request you to release to:

Dallas IVF - Frisco  
F: (214) 297-0025

Dallas IVF - McKinney  
F: (469) 219-8201

Dallas IVF - Plano  
F: (469) 429-4646

Dallas IVF - Tyler  
F: (903) 865-7445

Dallas IVF - Dallas  
F: (214) 423-4031

Please forward my complete medical history records in your possession concerning my illness and/or treatment during the period from \_\_\_\_\_ to \_\_\_\_\_. My appointment is on \_\_\_\_\_ (date).

**Records to include:**

- ❖ Any infertility testing or treatment
- ❖ Embryology reports (if patient has previously undergone IVF)
- ❖ Records related to pregnancy losses
- ❖ Any current (within one year) infectious disease screening
- ❖ Most recent PAP smear results
- ❖ Any genetic testing
- ❖ Sperm testing completed on my partner

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please be kind to the environment. If there are more than 30 pages, please send in the mail. Thank you!**

Frisco: 2840 Legacy Dr. Suite 100, Frisco, TX 75034  
McKinney: 5301 W. University Drive, McKinney, TX 75071  
Plano: 3000 Communications Pkwy Suite 200, Plano, TX 75093  
Tyler: 641 South Broadway, Tyler, TX 75701  
Dallas: 3600 Gaston Ave, Barnett Tower, Suite 1001, Dallas, TX 75246

P: (214) 297-0020 F: (214) 297-0025  
P: (469) 219-8210 F: (469) 219-8201  
P: (469) 429-2640 F: (469) 429-4646  
P: (903) 865-0154 F: (903) 865-7445  
P: (214) 423-4032 F: (214) 423-4031