PALM BEACH FERTILITY CENTER | AVENTURA FERTILITY & IVF

Authorization Release Of Medical Records

Date:_____

I hereby authorize my medical records to be released to:

Please mark next to your clinic location.

_____ Aventura Fertility & IVF Center _____ Palm Beach Fertility Center (Boca Raton)

I would like my information sent VIA: (Please Cicle)

(Fax) (Email) (Mail)

Phone/Fax or Address:

I would like the following information released:

(Please Circle)

(Labs) (Progress Notes) (Operative Notes) (OB Records) (All Records)

Other:_____

Reason For Release:

_____ Moving out of area _____Personal Record _____ 2nd Opinion _____Graduating

_____Transferring to another Physician _____ HIV/AIDS Results (Available Upon Request Only)

I understand that if I request records to be sent to myself there is a fee of $1.00 for each page for the first 25 pages, any pages that exceed 25 pages, I will be charged an additional $0.25 for each page after. *There is no fee to transfer records to another physician*

*** Please Advise, All records have a turn around time of 2 weeks to receive. If you would like them quicker, you can access your full records on your patient portal.**

Patient Printed Name:_____ Date Of Birth:_____

Patient Signature:_____

Phone Number:_____