MAIN LINE FERTILITY

Request for Transfer of Medical Records to Main Line Fertility

ATTN: _____ PHONE: _____

_____ FAX: _____

I hearby authorize the above party to release the medical records listed below:

Patient Name: _____ Date of Birth: _____

Former Name *(If Applicable)*: _____ Phone Number: _____

Partner Name (If Applicable): _____ Date of Birth: _____

_____ Laboratory Results (including HIV and infectious disease results – Patient Initials _____)
_____ Hysterosalpingogram (HSG)
_____ Hysteroscopy
_____ operative notes: _____
_____
_____ pathology reports:_____
_____ X-Ray reports: _____
_____ X-Ray films: _____
_____ Other: _____

Send to:

□ Michael J. Glassner, M.D.
□ John J. Orris, D.O.
□ Deanna Brasile, D.O.
□ Benjamin Gocial, M.D.
□ Albert El-Roeiy, M.D.
□ Shahab Minassian, M.D.

Located at:

□ Main Line Fertility , 825 Old Lancaster Road, Suite 170, Bryn Mawr, PA 19010 Fax (610) 527-9868
□ Main Line Fertility, Paoli Pointe, 11 Industrial Boulevard, Suite 100, Paoli, PA 19301 Fax (610) 993-9355
□ Main Line Fertility , 915 Old Fern Hill Road, Building B, Suite 101, West Chester, PA 19380 Fax (610) 840-0062
□ Main Line Fertility, 932 Pine Street, Philadelphia, PA 19107 Fax (215) 454-6454
□ Main Line Fertility, 2010 West Chester Pike, Suite 350, Havertown, PA 19083 Fax (610) 446-1425
□ Main Line fertility, 301 South 7th Avenue, Suite 375, West Reading, PA 19611 Fax (484) 258-2901

Thank you,

_____ _____
Patient Signature Date

_____ _____
Partner Signature Date