The Fertility Center

William Dodds MD, James Young MD,
Valerie Shavell MD, and Richard Leach MD

3230 Eagle Park Dr. NE, Suite 100
Grand Rapids MI 49525
616.988.2229
877.904.4483

317 S. Drake Rd., Suite B
Kalamazoo MI 49009
269.324.5100
877.500.1658

1100 S. Cedar St., Suite 2
Mason MI 48854
877.904.4483

REQUEST FOR RELEASE OF MEDICAL RECORDS TO A PATIENT

PATIENT NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DOB: _____ SOCIAL SECURITY NUMBER: _____

DATE RANGE OF RECORDS
REQUESTED:_____

I understand there is a possibility the information may be re-disclosed by the recipient and no longer protected under the federal privacy rules. This release is effective for 6 months from today's date.

SIGNATURE: _____ DATE: _____

RELATIONSHIP TO PATIENT: _____

WITNESS: _____

Charge $35.00

Date Paid: _____

Check/Cash/Credit Card