



ReproMed Fertility Center ANIL PINTO, M.D, P.A

3800 San Jacinto
Dallas, TX 75204
214-827-8777
214-827-8622 (fax)

AUTHORIZATION FOR MEDICAL RECORDS RELEASE

I hereby authorize **The ReproMed Fertility Center / Anil Pinto, M.D.**

- To Send:
- Full Medical records
 - Lab Results _____
 - Surgical/ Hospital Records
 - All Records
 - Other: _____

- Reason for Request:
- Medical Care
 - Consult
 - Second opinion
 - Change of Insurance
 - Change of residence
 - Other: _____

Please release my records to: _____
Physician or Hospital name

Street Address City State Zip

I acknowledge that I have read and understood the information provided to me in the medical records fee schedule.

Patient Name: _____

Husband Name: _____

Patient's Signature: _____

Date: _____

Husband's Signature: _____

Date: _____