

Medical Record Release Form

Please follow the instructions below carefully and completely!

Records are mailed within ten (10) business days from the date we receive this completed request form.

Date: _____

Patient name: _____ Patient Signature: _____

Date of Birth: ____/____/____

Partner Name: _____ Partner Signature: _____

Date of Birth: ____/____/____

WE RECOMMEND that you have your medical records sent to your address and that you make any additional copies as needed for your other physicians.
*The first copy of a patient's medical records is released free of charge. *A fee of 25 cents per page, payable in advance is charged for additional.*

Name _____
 Address _____
 City _____
 State _____ Zip Code _____
 Reason for Request _____
 Fax _____
 Email _____

Check box(es) below to indicate the records you are requesting

Where shall we send your first medical record copy for which there is no fee?

- | | |
|--|--|
| <input type="checkbox"/> All Records* (does not include genetic or infectious disease testing) | <input type="checkbox"/> Semen Analysis |
| <input type="checkbox"/> Patient Genetic Testing | <input type="checkbox"/> Progress Notes |
| <input type="checkbox"/> Patient Infectious Disease Testing | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> Partner/Spouse Genetic Testing | <input type="checkbox"/> PGD/PGS Results |
| <input type="checkbox"/> Partner/Spouse Infectious Disease Testing | <input type="checkbox"/> (Other Specify) _____ |

***Due to Federal healthcare privacy regulations, infectious disease and genetic testing results must be specifically requested and are not included in "All Records", check necessary additional boxes.**

Please email or fax this release form to the desired location:

Location	Fax	telephone
BIVF Lexington Center - 450 Bedford St Suite 1000., Lexington, MA 02421	(781) 674-1520	(781) 674-1200
BIVF Providence Center - 49 Seekonk St., Providence RI 02906	(401) 369-7704	(401) 369-7822
BIVF Waltham Center - 130 Second Ave., Waltham MA 02451	(781) 434-6501	(781) 434-6500
BIVF Brookline Center - 824 Boylston St, Ste 100A, Chestnut Hill, MA 02467	(617) 738-8993	(617) 735-9000
BIVF Downtown Boston Center - One Liberty Square, 9 th Floor, Boston, MA 02109	(857) 991-1398	(857) 244-6750
BIVF Quincy Center - 2300 Colony Dr. Ste., 104, Quincy MA 02169	(617) 793-1175	(617) 793-1100
BIVF Worcester Center – 100 MLK Blvd. Ste., 300, Worcester MA 01608	(508) 751-8052	(508) 751-8050
BIVF Maine Center - 778 Main Street, Ste., 2, S. Portland, ME 04106	(207) 761-7019	(207) 358-7600
BIVF NH Center – 18 Constitution Dr. Ste., 9, Bedford, NH 03110	(603) 626 9577	(603) 626-9999
BIVF Stoneham Center – 2 Main St (Rt 28), Ste., 150, Stoneham, MA 02180	(781) 438 9601	(781) 438 9600