



Release of Medical Information

To: \_\_\_\_\_

(Location of your prior treatment)

Please forward a copy of my medical records for:

- All FSH results
- All LH results
- All estradiol (estrogen, E<sub>2</sub>) results
- All AMH (Anti-Mullerian Hormone) results
- All semen analysis results
- In Vitro Fertilization
- (Hepatitis B-Surface Antigen, Hepatitis B-Core Antibody IgG, Hepatitis B-Core Antibody IgM, Hepatitis C-Antibody, HIV I&II, HTLV I&II, RPR, CMV, Chlamydia, and Gonorrhea)

Please forward my records as soon as possible to:

Francis Polansky, M.D.  
Bay IVF  
1681 El Camino Real  
Palo Alto, CA 94306

Phone: 650-322-0500  
Fax: 650-322-5404  
Email: care@BayIVF.com

Patient name (please print) \_\_\_\_\_

Other name(s) \_\_\_\_\_

Date of birth \_\_\_\_\_

Patient signature \_\_\_\_\_ Date \_\_\_\_\_